

## Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

## **1A. Continuum of Care (CoC) Identification**

### **Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** MN-503 - Dakota, Anoka, Washington, Scott, Carver Counties CoC

**1A-2. Collaborative Applicant Name:** Washington County Housing and Redevelopment Authority

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Amherst H Wilder Foundation

## 1B. Continuum of Care (CoC) Engagement

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith Based organizations	Yes	Yes	Yes
Land lords/property owners	Yes	Yes	No

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.  
(limit 1000 characters)**

The CoC is comprised of a robust range of community stakeholders representing interests that are committed to ending homelessness. The CoC regularly reviews membership participation & conducts outreach to those in under-represented groups. We have active participation from persons who have experienced homelessness. To ensure on-going participation, the CoC provides stipends (gift cards, bus/gas cards, cash) to compensate member's: time, transportation, childcare or other financial barriers to participation. The CoC's governance & voting procedures (reviewed annually) provide equal representation among all interests & ensure all opinions are heard. A CoC workgroup conducted an extensive survey of landlords & property owners (listed in 1B-1 & more) to better understand incentives/barriers to their accepting people who have been homeless. The CoC workgroup also conducted 1:1 interviews with consumers in shelter/housing programs to solicit input to the homelessness system.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
The Link	Yes	Yes	Yes
Scott Carver Dakota CAP Agency	Yes	Yes	Yes
Salvation Army	Yes	Yes	Yes
Lutheran Social Services	Yes	Yes	Yes
Canvas Health	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Alexandra House	Yes	No
Lewis House	Yes	No
Tubman	No	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

The CoC has adopted & incorporated the 4 goals of Opening Doors (OD). The CoC identified 4 committees (Services/Housing, Prevention/Outreach, Coordinated Entry, Community Engagement) to implement OD & has secured active & broad participation from CoC members. OD committees work broadly on all OD goals. The CoC has also assigned Veterans Service Officers, Youth advocates, etc. to provide focused attention on particular OD goals. Committee membership is voluntary. The CoC Governing Board (CoC-GB) monitors committee membership & conducts outreach to gain participation from missing populations/interests. Websites, community education events & listservs are used to solicit committee participation. Committee chairs participate & report to the CoC-GB. Each committee develops an annual work plan which is overseen by the CoC-GB. Ad hoc committees are established as needed by the CoC-GB to address emerging issues.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The CoC solicits new proposals for CoC funding annually to encourage development of new projects & expand CoC resources. The CoC distributes new funding announcements thru broad distribution lists (including neighboring CoC regions) & posts on several websites. Technical assistance is offered to projects that have not previously received CoC funds. The CoC conducts a pre-ranking process for all new applicants using an objective scoring tool approved by the CoC. This tool includes Qualifying Requirements to determine applicant eligibility, Project Design (leverage, service model, geographic coverage, etc), & Model-Specific Criteria (Housing 1st for PH, prioritization of subpopulations, etc). This year, the CoC prioritized Coordinated Entry & projects serving youth & cast a broad net to seek new providers. 5 projects, including 2 new applicants, submitted pre-applications. All pre-applications, regardless of pre-ranking, are invited to submit an application for funding through e-snaps.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?**

Quarterly

## 1C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).  
(limit 1000 characters)**

The CoC has regular participation and active involvement with all five Con Plan jurisdictions. For the State Con Plan jurisdictions, the CoC meets monthly with State staff, HUD staff, and CoC staff for two hours monthly. Staff from Con Plan jurisdictions are active on the CoC board, subcommittees, and in local Heading Home committees. The CoC provides input during the development of the Con Plan, including providing data on homelessness, PIT survey data, and CoC identified funding priorities. There is regular phone and email contact at least weekly between Con Plan jurisdiction staff (1 hour weekly) and the CoC on projects of interest and in-person attendance at CoC Board and subcommittee meetings (4 hours monthly).

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.  
(limit 1000 characters)**

The CoC engages ESG recipients including agencies that receive direct allocations (Dakota CDA) and State recipients in developing plans, funding decisions, performance standards & evaluating outcomes. For State ESG recipients CoC members who do not have a conflict participate in scoring & ranking recommendations. State ESG performance standards were developed with CoC representatives from around the state, & reflect the purpose of ESG shelter, prevention & rapid re-housing funds to 1) keep people safely sheltered, 2) re-house homeless persons, & 3) ensure persons are stably housed. Performance reports are sent to the CoC's Data and Evaluation Committee for review of sub-recipient performance. With the development of a new expanded HMIS CAPER, there will be additional opportunities to work with CoC to evaluate performance standards and outcomes. The CoC regularly discusses & evaluates the role of ESG-funding within its homeless response system utilizing CE and HMIS data.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.  
(limit 1000 characters)**



The CoC actively coordinates with victim service providers, has voting members from domestic violence shelters and ensures victims are served safely, quickly and respectfully with victim services and homeless assistance programs. The CoC coordinates with victim services providers through Day One, the MN Coalition for Battered Women and MN Coalition Against Sexual Assault. When a victim presents to a victim services provider, they are connected to CE to ensure rapid access to an assessment and safety-focused referral. When a victim presents to a homeless assistance provider, they are immediately assessed and connected to the victim's services network through the Day One system for immediate placement into the safest available spot. Client choice is upheld by utilizing victim centered and trauma informed practices as well as through respectful and safe CE system policies, such as preserving the victims' place on the priority list while choosing a safe housing resource.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Dakota CDA	0.00%	No
Scott CDA	17.00%	No
Carver CDA	10.00%	No
Washington HRA	0.00%	No
Scott Carver Dakota CAP Agency	0.00%	Yes-HCV

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.  
(limit 1000 characters)**

There are several housing opportunities within the CoC that target persons experiencing homelessness, including private market apartments that utilize State funding sources, such as Group Residential Housing (GRH) which require tenants to be homeless and tax credit projects with homeless units. The CoC also has State funded homeless and prevention assistance funding that provides rent assistance to prevent homelessness and rehouse persons who are homeless. Other resources that house homeless persons include Bridges vouchers, State funded transitional housing (OEO), and new private developments that include designated homeless units. Two new private affordable housing developments include a total of 8 units designated for persons experiencing homelessness. Additional units in development for 2016/2017, include two new tax-credit projects adding 84-120 units of affordable housing and 8 homeless units. A privately funded youth program (Hope4Youth) will provide 12 units of transitional housing in late 2016.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

Not applicable

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

The CoC has 4 CE steps and uses outreach & community education to ensure all persons in housing crisis are identified and aware of access points. Step 1 is a common assessment tool that addresses the safety of the household (HH) and triages HHs who can be diverted from homelessness from those who will become homeless. HHs who are homeless are referred to shelter & Step 2. Step 2 uses VI-SPDAT to identify housing stability barriers. HHs receive a score indicating the type of housing that best fits the HH’s needs. Step 2 uses supplemental questions to identify eligibility & client preference to ensure appropriate referrals. Assessments are administered by a trained assessor. Step 3 puts HHs onto a priority list based on assessment score & date. The priority list is managed by CoC designated staff. Step 4 refers HHs to a housing provider. Once a referral has been made, the provider contacts the HH w/in 72 hours to obtain documentation for admission.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Homeless Shelters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	23
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.  
(limit 1000 characters)**

1) CoC Written Program Standards account for HH needs & vulnerabilities in CoC projects by establishing different performance measures dependent upon model & population served (i.e. earned income measure is 40% for TH vs. 20% for Chronic PSH). 2) The CoC established an objective scoring tool that rewards projects for prioritizing chronic homelessness, reducing barriers, & meeting or exceeding performance measures. 3) CoC policy addresses client vulnerability thru the adoption of HUD Notice CPD-14-012, CE prioritization of homeless Veterans, & adoption of VI-SPDAT—CE scoring tool which matches the needs & vulnerabilities of HHs (ie victims, criminal record, LGBTQ...) with appropriate resources. 4) Based upon PIT/CE data, the CoC dedicated at minimum of \$100,000 of project reallocation to fund CE (since CE capacity is so vital to identifying & meeting the needs & vulnerabilities of HHs) & set priorities to create new projects including new 1-youth RRH or 2-chronic PSH.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)  
(limit 750 characters)**

The CoC created an application process outlining the selection criteria for new and renewal projects, project evaluation and scoring, and a timeline for applications. A broad email list was utilized to share details on the review, ranking, and selection criteria. The CoC utilized this email list to share information and gather feedback throughout the development of the review, ranking and selection criteria. The Project Ranking Committee met on 3 occasions to review and rank the projects and shared this information with community stakeholders. The final results of the ranking and process used were posted on Anoka, Dakota, and Washington County HRA's websites and [www.mesh-mn.org](http://www.mesh-mn.org) on November 4, 2015.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)**

11/04/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/04/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC monitors the performance of CoC Program recipients through the Data & Evaluation Committee, comprised of CoC members that reports to the Governing Board. This committee reviews performance using the following methods: 1) review of performance measures (data quality, bed utilization, housing/income measures, etc. from APRs; 2) review of financial management (draw downs, unspent funds, etc. from LOCCs reports, HUD field office audits and findings; and 3) evaluation of participation in Coordinated Entry—CE (time from referral to housing, referral denials, returns to homelessness) from data collected through the CE system. In addition to HUD performance measures, the CoC has adopted performance standards that account for the variety of populations served (homeless vs. chronic homeless) & service models (RRH vs PH). Findings of project underperformance are shared with the Governing Board and may lead to technical assistance to the project, and/or partial/full reallocation.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** See Roles and Responsibility Document - Pages 1-2

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** Service Point  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Bowman  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2B-1. Select the HMIS implementation coverage area: Statewide

\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

#### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$140,872
ESG	\$1,438
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$142,310

#### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

### 2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$8,290
State and Local - Total Amount	\$8,290

### 2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

### 2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$26,867
Other - Total Amount	\$26,867

2B-2.6 Total Budget for Operating Year	\$177,467
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/07/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	264	76	174	92.55%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	142	0	126	88.73%
Rapid Re-Housing (RRH) beds	190	0	154	81.05%
Permanent Supportive Housing (PSH) beds	748	5	607	81.70%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.  
(limit 1000 characters)**

Our percentages for both RRH and PSH bed coverage are slightly lower than 85%, which is attributed primarily to an undercount in HMIS beds due to conversion of TH to RRH beds, data entry errors on the HIC due to staff turnover in the CoC, and omission of three programs that were incorrectly reported as not in HMIS. After reviewing these errors, CoC staff determined that coverage for RRH is now 100% and PH is approximately 90%. All staff are now well versed in HMIS and HUD systems for reporting. Our plan over the next 12 months to increase bed coverage in HMIS for both RRH and PSH is to 1) correct the errors on the HIC to improve data quality, 2) form a subcommittee of CoC members to review the HIC prior to submission and 3) ensure missing beds are being entered into HMIS moving forward. We are confident that with this plan we will be able to meet and exceed 85% coverage.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	3%	2%
3.2 Social Security Number	17%	15%
3.3 Date of birth	5%	0%
3.4 Race	6%	2%
3.5 Ethnicity	7%	2%
3.6 Gender	5%	0%
3.7 Veteran status	4%	0%
3.8 Disabling condition	13%	1%
3.9 Residence prior to project entry	13%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	12%	2%
3.15 Relationship to Head of Household	27%	0%
3.16 Client Location	21%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	25%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 9

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.  
(limit 750 characters)**

VA's SSVF grantee currently enters information into HMIS. There are no GPD programs within the CoC. Within our CoC, PATH officially rolled out in HMIS in October, 2013 and SSVF rolled out in November 2011.

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 05/07/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="checked" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="checked" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="checked" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.  
(limit 1000 characters)**

The CoC's sheltered PIT count methodology was developed in collaboration with the State Office to Prevent and End Homelessness, who provided technical assistance in designing the survey and reaching all shelter providers. Two primary methods were used, 1) HMIS reports for persons staying in shelters on the night of the PIT survey, and 2) in-person interviews of persons staying in shelters that do not utilize HMIS. Surveys given in person were either trained staff or volunteers who were provided with detailed instructions and technical support. Surveys were de-duplicated by first name and last initial to ensure an accurate count of sheltered persons. The CoC selected this methodology as it ensures complete coverage and provides an accurate count utilizing current HMIS data.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

No change.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**



## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

### 2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

The CoC had additional technical assistance and coordination that helped improve data quality in 2015. The State Office to Prevent and End Homelessness, in collaboration with the CoCs in Minnesota, designed and created one statewide PIT survey and provided technical assistance on methodology. Technical assistance also included developing a training DVD and creation of an electronic Statewide PIT survey. Local CoCs reviewed the electronic survey data for data accuracy and followed up with any questions on data. This technical assistance provided additional staff capacity to ensure an accurate count and follow up data review.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/22/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/07/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="text"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="text"/>
Service-based count:	<input type="text"/>
HMIS:	<input type="text"/>
	<input type="text"/>

### 2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

The CoC designed and selected the PIT count methodology to ensure survey information collected is accurate and thorough. Outreach workers are assigned to locations where persons are known to be found homeless, such as truck stops, laundromats, community meal sites, and camps. The CoC coordinates with local agencies and volunteers to ensure effective outreach in known locations where homeless persons can be reached. All surveys are completed by either professional staff working with persons who are homeless or volunteers who are trained to ensure accuracy. All people who conduct homeless surveys receive in person training and are provided with a detailed PIT guide designed by CoC Coordinators. Contact information for the interview is collected with each survey so that any inconsistencies or missing information can be checked and verified.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

In 2015, the permitted use of the observed homeless category increased our ability to count persons who are homeless. This allowed the count of persons who were identified but unwilling or unable to complete the survey to be reported as homeless. In some cases when it was unsafe for staff to survey a potential homeless individual, or because people were not willing to be surveyed, an observation tool was used. This gave the CoC flexibility in its count while sustaining safety for our volunteers.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

As noted in the sheltered count methodology, the CoC received technical assistance from the State Office to Prevent and End Homelessness for the first time in 2015. This assistance included statewide training of CoC Coordinators and development of a web-based training video, which improved capacity for volunteer training and accuracy of surveys. The CoC also enhanced its outreach strategy to connect with new community partners (ie new churches and community organizations) that we have not partnered with in the past, in order to expand outreach for count. These changes helped the CoC with its count and improve data quality in 2015.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		735	608	-127
Emergency Shelter Total		254	287	33
Safe Haven Total		0	0	0
Transitional Housing Total		383	141	-242
Total Sheltered Count		637	428	-209
Total Unsheltered Count		98	180	82

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		1,722
Emergency Shelter Total		1,481
Safe Haven Total		0
Transitional Housing Total		265

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

The CoC takes the following steps to identify & reduce 1st time homelessness: 1) The CoC studies risk factors of 1st time homelessness (client circumstances & characteristics) by reviewing HMIS & Coordinated Entry (CE) data & interviewing persons who access homeless prevention programs or shelter. 2) The CoC utilizes 211, food shelves, homeless school liaisons, etc to quickly identify households at risk of homelessness to connect them to CE and emergency services. 3) Using data from step 1 (above), the CoC develops & uses an initial screening tool to ensure homeless prevention/diversion resources are provided to households most likely to access shelter. 4) The CoC maximizes homeless prevention/diversion funding by using State-funded Family Homeless Prevention & Assistance Program, ESG, TANF Block Grant & General Assistance to fund strategies most likely to prevent 1st time homelessness (short/medium term rental assistance, utility assistance, landlord/tenant mediation, etc).

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

The CoC is reducing length of time homeless primarily through the implementation of Coordinated Entry (CE). The CoC's CE uses a 4 step process (described in 1E-1) that ensures broad awareness & rapid access to CE & provides timely assessments that connect families to housing programs most aligned with their needs. The CoC has established performance measures for CE implementation including length of time from identification to assessment (10 days), referral to contact (72 hrs), referral to housing (45 days). Underperformance of projects in any of these areas may lead to technical assistance &/or funding reallocation. The CoC provides Housing 1st trainings & scores projects on their adoption of low barrier policies to ensure eligibility criteria does not cause delays for people accessing housing. CE prioritizes serving people with the longest histories of homeless (96% of CoC funded PSH projected-turnover beds have been prioritized for chronically homeless households).



**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		93
Of the persons in the Universe above, how many of those exited to permanent destinations?		60
% Successful Exits		64.52%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		433
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		417
% Successful Retentions/Exits		96.30%

**3A-5. Performance Measure: Returns to Homelessness:**

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.  
(limit 1000 characters)

1) Coordinated Entry (CE) is our primary tool to identify & minimize returns to homelessness. CE assessments identify those who are returning to homelessness. The CoC's adoption of HUD Notice CPD-14-012 ensures that priority is given to chronically homeless households. 2) The CoC monitors & evaluates projects based upon performance measures most likely to increase and sustain housing stability. Regular review of project performance has helped create improvements to service models including connection to income & mainstream resources, community supports, life skills, etc. 3) The CoC has created return to homelessness reports through the use of HMIS data for homeless prevention and rapid rehousing programs. The review of this data has helped to inform prevention targeting and RRH strategies. The CoC is working to expand these reports to all CoC programs but is currently delayed due to other major systems changes to HMIS—expected to be fixed by 2016.

### **3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).  
(limit 1000 characters)**

The CoC reviews & monitors income performance measures thru review of APRs & HMIS reports and supports programs that have not met performance measures. Dakota County Supportive Housing Unit (SHU), the CoC's largest RRH program, serves as CoC lead for improving EMPLOYMENT INCOME. SHU has elicited assistance from multiple employment service providers including County workforce, Tasks Unlimited, & RISE Inc. A key strategy is to have RRH programs develop direct contracts with employment service providers to augment program services. South Metro Human Services serves as CoC lead to increase NON-EMPLOYMENT INCOME with the primary strategy to use SOAR trainings to increase staff capacity & assist people with enrollment in SSI & SSDI. DHS is the State lead agency for SOAR & pays providers that assist people experiencing homelessness to get on Social Security benefits. DHS also pays the Disability Linkage Line to connect people within our CoC with SOAR providers.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.  
(limit 1000 characters)**

As noted above Tasks Unlimited, RISE Inc, & county workforce centers are the primary mainstream employment organizations that work with the CoC to grow income for homeless households. These organizations take the following specific steps to help households increase their income: 1) The organizations provide JOB READINESS services to people in CoC projects that include: employment coaching, financial/educational/job readiness training, training for specific careers, resume creation, practice interviews, etc. 2) The organizations RECRUIT EMPLOYERS willing to work with individuals with limited employment histories. 3) The organizations provide JOB PLACEMENT & ON-THE-JOB SUPPORT which includes: on-site coaching, assistance for transportation/childcare, & advocacy with employers. 100% (22 of 22) existing CoC projects are directly connected with mainstream employment providers. Some projects sit on the county workforce center boards to strengthen this connection.

### 3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**

**(limit 1000 characters)**

METHODS: 1) The CoC coordinates with agencies to provide outreach services across the CoC's geographic area with focus on known locations (truck stops, laundromats, community meal sites, camps). Youth outreach was expanded in the CoC over the past year. 2) 2 new youth drop-in centers were developed & opened in 2015. 3) PATH & ACT teams provide outreach to homeless households. 4) Regular coordination with hospitals/detox/jail for frequent users. 6) The CoC widely advertises its Coordinated Entry (CE) in known locations, community centers, libraries, churches, law enforcement, etc. Individuals identified thru outreach efforts are tracked in HMIS via the CE priority list. STRATEGIES: 1) Use of motivational interview skills to engage with unsheltered & develop rapport. 2) All persons identified as unsheltered are connected to CE system/priority list. 3) Unsheltered persons are prioritized in CE to receive assistance over households with same assessment score due to health/safety risks.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?**

No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**  
**(limit 1000 characters)**

Not applicable

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 1: Ending Chronic Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	81	64	-17
Sheltered Count of chronically homeless persons	64	46	-18
Unsheltered Count of chronically homeless persons	17	18	1

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.  
(limit 1000 characters)**

The total # of chronically homeless (CH) decreased from 2014 to 2015 by 17 people (or 21%). This decrease can be attributed to: 1) The implementation of CE & the CoC's adoption of HUD Notice CPD-14-012—ensuring those with the highest barriers & longest duration of homelessness are most quickly connected to housing & services. 2) The CoC increased the # of CH beds by 24 from the 2014 to 2015. The CoC accomplished this by prioritizing PSH for CH for new projects and by strongly encouraging & ranking projects based upon their % of dedicated and/or prioritized CH beds. Nearly all (96%) turnover beds in non-dedicated PSH projects are prioritized to serve CH. The unsheltered count increase of 1 person can be attributed to: 1) The CoC enhanced the PIT count through improved coordination with volunteers & a common online survey to collect data. 2) Milder winter weather during the survey compared to 2014 helped the CoC to identify more homeless individuals on the night of the count.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

The CoC has adopted a ranking tool to prioritize permanent supportive housing projects that dedicate or prioritize beds for chronically homeless individuals. Although the HIC shows 73 chronic beds, seven beds were inadvertently omitted due to agencies that took over where programs closed. The 2013 PIT accounted for 41 chronic homeless persons, including 35 individuals and 2 families. For 2014, 2 organizations will develop 8 individual chronic beds with FY 2012 CoC and other matching funds. For 2015, although there are no new CoC funds, Hearth Connection and South Metro Human Services will ensure 11 new beds will be dedicated to chronic homeless through reallocation. In addition, the CoC has committed to prioritizing 85% of turnover beds to chronic homeless in future years.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

The CoC used the ranking tool to prioritize permanent supportive housing projects that dedicate or prioritize beds for chronically homeless. 24 chronic homeless beds were added in 2014 and 2015. In 2015, there were two new projects awarded: South Metro for 6 chronic beds and Hearth Connection for 5 chronic beds. In 2014, 48 beds were prioritized for chronically homeless. In 2015, the CoC is to prioritizing 96% of turnover beds for chronically homeless.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	121	145	24

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.  
(limit 1000 characters)**

The CoC prioritizes permanent supportive housing resources that dedicate beds for chronically homeless households. In 2015, 11 chronic beds were added through reallocation of CoC funds. Additionally in 2014 and 2015, the CoC added 13 additional chronic beds through funding awards from State agencies. An error was found on the 2015 HIC report regarding the number of beds for chronically homeless. The accurate number of beds that should have been reported on the HIC is included in question 3B 1.3 with an increase in chronic beds from 121 in 2014 to 145 in 2015. This error was reported to the local HUD field office.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?**

Yes

**3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.**

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**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
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Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.

259

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.

46

Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

44

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

95.65%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

The CoC uses the following strategies to meet the goal of ending chronic homelessness: 1) The CoC has adopted HUD Notice CPD-14-012 to guide chronic homelessness prioritization in the CE process. This ensures that chronically homeless HHs are prioritized over other homeless households on the CE priority list and referrals made to available PSH beds. 2) The CoC encouraged project applicants to prioritize turnover beds for chronically homeless individuals. As a result CoC project applicants prioritized 44 of the 46 turnover beds (96%) dedicated and/or prioritized to chronic homelessness.



## 3B. Continuum of Care (CoC) Strategic Planning Objectives

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="checked" type="checkbox"/>
Number of previous homeless episodes:	<input checked="checked" type="checkbox"/>
Unsheltered homelessness:	<input checked="checked" type="checkbox"/>
Criminal History:	<input checked="checked" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="checked" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.  
(limit 1000 characters)**

The CoC's plan to rapidly rehouse families within 30 days includes the following steps: 1) The CoC's Coordinated Entry (CE) uses a 4 step process (described in 1E-1) that ensures broad awareness & rapid access to the CE system & provides timely assessments that connect families to housing programs that will best meet their needs. 2) The CoC Governing Board has established performance measures for CE implementation including: length of time from identification to assessment (10 days), referral to contact (72 hrs), and referral to housing (45 days). Underperformance of projects in any of these areas may lead to technical assistance &/or funding reallocation. 3) The CoC has provided broad community training on Housing 1st & low barrier practices. The CoC scores projects on their adoption of low barrier policies to ensure eligibility criteria does not cause delays for families seeking to access housing. 4) 98% (207 of 210) CoC and ESG RRH beds are dedicated to serve families.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	190	190

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	141	92	-49
Sheltered Count of homeless households with children:	130	78	-52
Unsheltered Count of homeless households with children:	11	14	3

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The CoC found a total decrease of 49 households with children in the 2015 PIT count compared to the 2014 PIT count (sheltered families decreased by 52, unsheltered increased by 3). This decrease can be attributed to: 1) The CoC's use of CE has helped to more quickly connect families to services that match the household's needs & vulnerabilities. 2) The CoC increased the number of Rapid Rehousing units by 190 from 2014 to 2015 contributing to the number of families stably housed and not in shelter. 3) The CoC made enhancements to the PIT count to improve the accuracy of the count including: using a statewide survey tool, increased training for volunteers and better coordination of volunteer teams, and community awareness of the night of the count.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	15	19	4

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.  
(limit 1000 characters)**

Not applicable.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,467,373.00	\$2,104,318.00	\$636,945.00
CoC Program funding for youth homelessness dedicated projects:	\$81,757.00	\$656,802.00	\$575,045.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,385,616.00	\$1,447,516.00	\$61,900.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	40
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	191

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators.  
(limit 1000 characters)**

The CoC has a strong history of collaborating with McK-V local education liaisons (LEL) and State educational coordinators. LEL's are active members of the CoC. In this role, the CoC has provided LELs with CE training to ensure homeless families identified in schools are quickly connected to housing and services. In turn, LELs have helped to provide input on CoC education & early childhood policies, participated in PIT counts, and have presented on educational resources at CoC meetings. The Minnesota Department of Education (MDE) Coordinator attends state-wide CoC meetings. In this role, the CoC is able to communicate with the MDE about gaps in LEL participation. The MDE provides the CoC with trainings for LELs, Minnesota Automated Reporting Student System (MARSS)—the primary reporting on homeless student identification data, and participates in homeless prevention planning with the CoC.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The CoC requires all CoC funded projects that serve families and parenting youth to adopt and comply with a CoC-wide policy on Educational and Early Childhood Development, including all shelter, transitional housing, rapid rehousing, and permanent supportive housing. Programs are expected to comply with the following policies:

- 1) Identify staff who have primary responsibility for school attendance.
- 2) Ensure that all homeless families are informed of the McKinney Vento Act to ensure that their children are able to maintain enrollment in school.
- 3) Advocate for families with their school district to ensure that transportation is arranged (as needed).
- 4) Track school attendance for all children served within your program and help families to resolve any barriers that are contributing to the absences.
- 5) Assist families in developing education related goals for all family members when completing Housing Goal Plans.
- 6) Ensure that all family members are connected to relevant educational resources in the community.
- 7) Encourage and assist families with children ages 3-5 to apply for the Head Start Program and provide referrals to agencies that offer Head Start.

The CoC has shared CoC Educational and Early Childhood Development policies with ESG recipients and works with ESG recipients to ensure such policies are expected of ESG programs. The CoC works closely with youth serving agencies, juvenile justice programs, and schools to identify homeless youth and connect them with services. In this role, the CoC has provided LELs with CE training to ensure homeless families identified in schools are quickly connected to housing and services.

## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Objective 3: Ending Veterans Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

#### 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	18	28	10
Sheltered count of homeless veterans:	10	25	15
Unsheltered count of homeless veterans:	8	3	-5

#### 3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The CoC saw a net increase of 10 homeless vets from 2014 to 2015 (increase of 15 sheltered & decrease of 5 unsheltered). Potential reasons for the increase include: 1)The 2015 PIT included new questions about military service which helped to identify vets who may have gone unidentified in past counts. 2)2015 PIT was conducted on a mild winter day improving ability to find homeless individuals. The CoC has taken many important steps to end homelessness for vets which will help to reach the goal by 12/31/15. These steps include: 1)The CoC has adopted priority for homeless vets in our CE implementation. 2)The CoC worked closely with the State Office to End Homelessness Veterans staff to create & use the MN Veterans Registry—a system that uses a roster of all homeless vets to quickly connect each vet with appropriate resources.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?  
(limit 1000 characters)**

The CoC uses StandDown events, outreach, & coordinated entry (CE) marketing to identify homeless Veterans. The CoC has partnered with the MN Dept. of Veterans Affairs (MDVA) & the MN Interagency Council on Homelessness (MICH) to launch a statewide Homeless Veteran Registry. The purpose of the Registry is to create a sustainable housing plan for every Veteran experiencing homelessness, leveraging all available resources. Veterans identified thru the CoC's CE System are added to the Registry & immediately connected with the County Veteran Services Officer. With the Veteran's permission, a team comes together to identify the resources best suited to help the Veteran & their family obtain stable housing. These resources include programs & services delivered by VA Medical Centers (including HUD-VASH), MDVA (including the State Soldiers Assistance Program), and private organizations (including SSVF). The Registry documents these housing plans and ensures accountability for next steps.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?  
(limit 1000 characters)**

The CoC has adopted coordinated entry (CE) policy that prioritizes chronically homeless & homeless Veteran households. As Veterans enter the CE system, they are connected to County Veteran Services Offices and the Veteran Registry (see 3B 3.2). At the same time, Veterans are assessed and added to the CoC priority list (aligning with the housing/service model that best matches their needs). At the point at which a Veteran is determined to be ineligible for VA assistance, CE policy ensures that if two households have similar CE assessment results and are recommended for referral to the same resource, Veteran households are prioritized to receive that resource first. This ensures that Veterans are prioritized & referred to beds made available through turnover in programs that best align with their needs (RRH, TH, PSH). This CE prioritization is not limited to just CoC-funded projects, but applies to all (100%) of homeless dedicated beds in the CoC region regardless of funding source.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**



	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	27	25	-7.41%
Unsheltered count of homeless veterans:	0	3	0.00%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

Strong coordination with the VA and MN Assistance Council for Veterans, leveraging SSVF, prioritizing Veterans in Coordinated Entry, working with County Veteran Service Officers, and using the Minnesota Homeless Veteran Registry described above are the strategies the CoC has identified to ensure that available resources are being maximized to achieve the goal for every Veteran identified. We have found that a single Veteran is often in touch with multiple organizations at the same time, and with the Registry we are able to coordinate care in a way that was not possible previously. In addition, combined resources of multiple agencies often helps create housing solutions for each Veteran that would not be possible for agencies acting alone. The CoC regularly meets to review the resources available to meet Veteran needs in order to improve progress towards our goal of ending Veteran homelessness.

## 4A. Accessing Mainstream Benefits

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	25
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	10
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	40%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

The CoC collaborates closely with the State of MN, which is a Medicaid expansion State, counties, and providers to facilitate enrollment and improve health outcomes for program participants. Specifically, the CoC works in collaboration with Medica, a managed care organization and Blue Cross Blue Shield, a healthcare insurance provider. Through the Medica partnership, Medica reimburses the costs of services for high-barrier, high cost members experiencing long term homelessness. Positive outcomes include maintaining coverage, establishing primary care and ongoing access to treatment for chronic health conditions, and shifting high cost utilization to coordinated, less-costly treatment approaches. Blue Cross Blue Shield is partnering with the CoC to improve health outcomes and housing stability of homeless persons by providing funding for a Navigator and Housing Access Team.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="checked" type="checkbox"/>
In-Person Trainings:	<input checked="checked" type="checkbox"/>
Transportation to medical appointments:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	25
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	20
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	80%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	25
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	20
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	80%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="checked" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

		2014	2015	Difference
RRH units available to serve any population in the HIC:		1	190	189

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**

Not applicable

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

Not applicable

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

Not applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	01/16/2015	5
HMIS	08/06/2013	5
Retooling Transitional Housing	11/05/2014	3

## 4C. Attachments

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of the C...	11/12/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Evidence of Publi...	11/19/2015
03. CoC Rating and Review Procedure	Yes	SMAC Rating and R...	11/13/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Evidence of Publi...	11/12/2015
05. CoCs Process for Reallocating	Yes	SMAC Process for ...	11/17/2015
06. CoC's Governance Charter	Yes	SMAC Charter and ...	11/18/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy & Pro...	10/16/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	SMAC Con Plans	11/18/2015
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	11/18/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS/CoC Agreement	10/16/2015
11. CoC Written Standards for Order of Priority	No	SMAC Coordinated ...	11/12/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	HMIS Administrati...	10/16/2015
14. Other	No	HMIS Governance K...	10/16/2015
15. Other	No	HMIS Agency Agree...	11/13/2015



## **Attachment Details**

**Document Description:** Evidence of the CoCs Communication to Rejected Projects

## **Attachment Details**

**Document Description:** Evidence of Public Posting for Consolidated Application

## **Attachment Details**

**Document Description:** SMAC Rating and Review Process

## **Attachment Details**

**Document Description:** Evidence of Public Ranking Posting

## **Attachment Details**

**Document Description:** SMAC Process for Reallocating

## **Attachment Details**

**Document Description:** SMAC Charter and Bylaws

## **Attachment Details**

**Document Description:** HMIS Policy & Procedures Manual

## **Attachment Details**

**Document Description:** SMAC Con Plans

## **Attachment Details**

**Document Description:** PHA Administrative Plan - Preferences Section Only

## **Attachment Details**

**Document Description:** HMIS/CoC Agreement

## **Attachment Details**

**Document Description:** SMAC Coordinated Entry Policies

## **Attachment Details**

**Document Description:** SMAC Con Plans

## **Attachment Details**

**Document Description:** HMIS Administrative Policies

## **Attachment Details**

**Document Description:** HMIS Governance Key Roles and Responsibilities

## **Attachment Details**

**Document Description:** HMIS Agency Agreement

## Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/19/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/19/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/16/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/19/2015
2E. Sheltered PIT	11/17/2015
2F. Sheltered Data - Methods	11/19/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/19/2015
2J. Unsheltered Data - Quality	11/19/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/17/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required

# Minnesota's HMIS Policies and Procedures

*Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness*

N O V E M B E R 2 0 1 4

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# Acknowledgments

The original version of this document was produced by Minnesota's HMIS Governing Group, led in this effort by Richard Wayman. This document was approved by the Governing Group on January 31, 2005.

The first major revision took place on December 2012, following recommendations discussed in a meeting of the HMIS Governing Group on December 6, 2012. Another major revision occurred in January 2014, following recommendations discussed in a meeting of the HMIS Governing Group on December 10<sup>th</sup>, 2013. The Data Quality Plan was revised and amended here November 19, 2014.

## Contact Information

### **Web site information on Minnesota's HMIS:**

<http://www.hmismn.org>

### **HMIS help desk:**

[HMIS@wilder.org](mailto:HMIS@wilder.org)

651-280-2780, or 1-855-280-2780

Wilder Research  
451 Lexington Parkway North  
St. Paul, MN 55104

### **HMIS Grievances (reported to HMIS Governing Group):**

Minnesota Coalition for the Homeless  
Attention: HMIS Grievance  
2233 University Avenue West, Suite 434  
St. Paul, MN 55114  
651-645-7332

# Background

## *Introduction*

Homeless Management Information Systems (HMIS) enable data from a variety of service providers to be combined to reveal a more comprehensive picture of client needs. In Minnesota and elsewhere this is accomplished via the internet, using software that can enable inter-agency case management within a context of strict data privacy protections.

## *History*

The decision to implement an HMIS in Minnesota grew out of a desire to obtain standardized, regularly updated information about homelessness for advocates, planners, and policymakers – all of whom were interested in doing something about the consistently growing and stubbornly persistent problem of homelessness. The idea was to broaden a data tracking initiative started among Ramsey County shelters and transitional housing providers in the early 1990s.

Coinciding with this local activity was a Congressional mandate to implement HMIS. In 2000 Congress instructed the U.S. Department of Housing and Urban Development to take measures to improve available data concerning homelessness in the United States. In response, HUD obligated all Continuum of Care regions to implement region-wide databases that would allow an unduplicated count of service users.

Specifically, Congress mandated to HUD to collect information on the number of persons assisted through the McKinney-Vento Act. The Omnibus Appropriations Act of 2003 (Pub. L. 108-7) in its conference committee report noted:

HUD is directed to begin collecting data on the percentage and number of beds and supportive services programs that are serving people who are chronically disabled and/or chronically homeless. . . HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patterns of use of assistance, including how people enter and exit the homeless assistance system, and to assess the effectiveness of the homeless assistance system.



Previously in FY 1999 HUD Appropriations Act, Congress directed HUD to collect data from representative samples of existing HMIS systems,

collect, at a minimum, the following data: The unduplicated count of clients served; client characteristics such as age, race, disability status, units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income, and health status should be collected.<sup>1</sup>

The state Inter-Agency Task Force on Homelessness, the Corporation for Supportive Housing, the Metro-wide Engagement on Shelter, and others responded to this mandate by convening a series of open meetings in spring 2002. By general consensus a statewide, rather than region-by-region, approach was adopted and an “Implementation Group” was convened to oversee the project. The Implementation Group consisted of representatives from all of Minnesota’s Continuum of Care regions, at-large members who represent various populations and provider groups (e.g., agencies for homeless youth, veterans, domestic violence victims, those with HIV/AIDS, and consumers of homeless services), and representatives of state government.

The Implementation Group guided development and implementation of Minnesota’s HMIS. Early on the group adopted a vision for Minnesota’s HMIS (see next section), selected a system administrator (Wilder Research), trainer (Minnesota Housing Partnership), and software for the system (Bowman System’s ServicePoint). The group also developed various system policies and worked on system funding. The group continues to meet regularly to advise Wilder Research on nearly every aspect of the HMIS project, including budgetary matters and annual fees, system policies, and training procedures.

## ***Eligible programs***

Programs which may use HMIS include, but are not limited to:

- Emergency shelters serving homeless adults, families, and youth<sup>2</sup>
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

---

<sup>1</sup> See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

<sup>2</sup> In general, domestic violence shelters are prohibited from participation in HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see [hmismn.org](http://hmismn.org), or contact Wilder Research for additional information.

- Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)
- Shelter plus Care
- Section 8 Moderate Rehab for Single Room Occupancy
- Emergency Solutions Grant
- Housing for Persons with AIDS (HOPWA)

Satisfying the HMIS requirement is also factored into the Department of Housing and Urban Development's (HUD) scoring of annual Continuum of Care applications – the more programs that participate in HMIS, the higher the Continuum is scored on that aspect of their application. In Minnesota this means that implementing and maintaining a widely-used HMIS improves the state's chances of continuing to receive the over \$20 million annually in federal funding that we now receive under the McKinney-Vento program.

On the state level, the Minnesota Department of Human Services and the Minnesota Housing Finance Agency require HMIS participation for their grantees under the following programs:

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)
- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESGP)
- Runaway and Homeless Youth Act
- Healthy Transitions for Youth
- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Projects funded under the Plan to End Long-Term Homelessness

Agencies that receive funding from these state programs use HMIS to satisfy their reporting requirements.

Ideally all emergency shelters, transitional and supportive housing program, and homeless outreach programs in the state will participate in HMIS. The more agencies, and the more users within agencies, that participate in the system the better. More agencies equal more comprehensive data, and therefore improved information for planning and policymaking. More users within agencies means that clients will more likely receive appropriate services, since their caseworks may have an opportunity to see relevant case history from prior service episodes, and will have an opportunity to rely upon the systems case planning, referral, and data protection capacities.

### ***Why is this important?***

Because agencies that serve people experiencing homelessness work for the public welfare of our communities, they must remain accountable to their program participants, funders, and community partners. One way to remain accountable is to be driven and focused on a mission and to report progress on accomplishing that mission. Programs should be transparent about what outcomes and goals they have achieved. HMIS allows programs to manage data in a secure and standardized environment that also offers an aggregate view of our state-wide efforts to end homelessness. We hope that with better information we will be able to plan, work, and achieve greater success in serving participants with meaningful services and housing options and end a social problem that can be fixed.

# Expectations for HMIS Partner Agencies

Social service agencies that participate in Minnesota's HMIS are referred to as "partner agencies." Each partner agency needs to follow certain guidelines to help keep the project on track and to maintain data privacy and accuracy. The guidelines below do not replace the more formal and legally-binding agency agreement that each agency signs when joining the project.

## *Implementing HMIS*

To prepare for participating in Minnesota's HMIS, agency administration should:

- Familiarize themselves with HMIS (see [www.hmismn.org](http://www.hmismn.org)).
- Decide how many system end-users they will need. "End users" are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.
- Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).
- Designate a primary HMIS contact within the agency.
- Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?
- Understand the agency's data privacy requirements. For example, is the agency covered by HIPAA?
- Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See [hmismn.org](http://hmismn.org) for current technical requirements and recommendations.)
- The computer must have access to the internet and an up-to-date web browser. (See [hmismn.org](http://hmismn.org) for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact.** Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using

ServicePoint. Agency administrators, IT staff, or others may also attend the training for a fee if there is space available. Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment.** Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement. (c) The agency must pay any training and end-user fees.
3. **Training.** All end-users within must complete initial training with Wilder Research.
4. **Work flow.** Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work. Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible. Planning how to incorporate ServicePoint in the agency's workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through. Necessary decisions include:
  - a. Will the data be directly entered into ServicePoint during intake or case management sessions? (If so, what is our back-up plan if the power is out or the internet connection goes down?)
  - b. Will the information be recorded by paper forms and entered later? If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint? Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at [www.hmismn.org](http://www.hmismn.org)
  - c. Who will run reports? Which ones? How often? Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors. The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system. Regular reporting may also provide the agency with important information about its clients and programmatic goals.
5. **Data privacy practices and client informed consent.** Before entering data into Minnesota's HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota's HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota's HMIS.

6. **Set-up.** After training the agency's designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency's reporting and data privacy needs. The Agency's end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder's requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.
7. **Walk through.** After set-up is completed (and confirmed with the agency's HMIS contact person), Wilder Research will contact the agency for a "walk through" session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.
8. **Using the system.** Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).
  - a. **Reporting:** Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are strongly encouraged to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. Agencies are responsible for the quality of the data that they report.

## ***General on-going commitments***

Participating agencies should be prepared to commit to the following:

- Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.
- Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research ([HMIS@wilder.org](mailto:HMIS@wilder.org), 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.
- Obtaining necessary client consent and releases of information for data sharing.

- Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.
- Posting a Notice of Uses and Disclosures for Minnesota's HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.
- Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

### ***Information entry standards***

- Information entered into Minnesota's HMIS will be truthful, accurate and complete.
- Agency staff will not enter information about clients into Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.
- When adding to- or modifying data in- an existing client's HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program). If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

### ***No conditioning of services***

Agencies shall not decline to provide any services to a client based upon a client's refusal to sign a Release of Information form or refusing to allow entry of information into Minnesota's HMIS. (Note: This does not over-ride agency policies or funding restrictions that may require certain data from a client before an agency is able to serve the client. However, if this is the case and HMIS is the only data base, then the client may be offered the opportunity to be entered as anonymous client – e.g., entered with a system generated code and no social security number or other identifying information.)

## ***Accountability for noncompliance***

The HMIS Governing Group will receive updates from Wilder Research on progress made by participating programs with HMIS. The Governing Group will provide notice to agencies and funders (the state of Minnesota, HUD, or local Continuum of Care Committees) when agencies are found not to be in compliance with data entry or have violated the code of ethics or privacy concerns.

The HMIS Governing Group and Wilder Research would like to make compliance with system policies and expectations as easy as possible, and welcomes agency requests for assistance. Agencies that fail to comply, however, should be aware of the potential for penalties under data privacy laws (e.g., HIPAA, the Minnesota Government Data Practices Act); potential impacts on funding from state and federal sources; and the possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

## **Privacy Plan**

*According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have privacy plans that at the minimum include: data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking.*

The Privacy Plan for Minnesota's HMIS consists of the following documents:

- **Agency Agreement**  
This form obligates organizations that participate in Minnesota's HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.
- **User policy, responsibility statement & code of ethics**  
This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota's HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.
- **Client data privacy notice and consent form**  
This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota's HMIS, including a method for filing grievances.



- Client release of information form

This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota's HMIS. Clients may elect to share data or to limit data sharing.

- HMIS grievance procedure form

This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota's HMIS.

Finally, all end-users are trained to protect the privacy of individually-identifiable data entered into Minnesota's HMIS

## ***Program Participant Rights***

Program participants have a clear right to:

- Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.
- Have their preferences with regard to the entry and sharing of client information within Minnesota's HMIS respected, whether they prefer their data to be shared with other partner agencies or not.
- Request a change in their information sharing preferences.
- Refuse to allow entry of identifiable information into Minnesota's HMIS without being denied services (except if entry of identifiable information is necessary for program operation).
- Have only truthful and accurate information about them entered into the system.
- Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.
- Inspect and obtain a copy of their own information maintained within Minnesota's HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).
- File grievances related to the HMIS without retaliation.

## **Data sharing**

One of the potential benefits – and potential risks – of Minnesota’s HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota’s HMIS (see appendix or electronic forms at [www.hmismn.org](http://www.hmismn.org) ). Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

- Agency staff have the ability to designate information entered into the HMIS as “open” – meaning shared with other partner agencies, or “closed” – meaning hidden from other partner agencies. While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.
- HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system. Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices. Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).
- Minnesota’s HMIS is not a government database. Federal agencies, including HUD, do NOT have direct or routine access to the HMIS. State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

## **Security Plan**

*According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have security plans that: ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security, and; ensure compliance by end users.*

The security plan for Minnesota’s HMIS includes the documents and protections outlined in the privacy plan. In addition, the security plan includes security and backup technology provided by the system’s vendor, currently including:

- End-user authentication via username and complex password, including temporarily inactivating licenses with more than 3 consecutive failed logins.
- Automatic logout after a specified period of inactivity on the system (currently 15 minutes).
- Secured Socket-Layer certification of data sent over the internet.
- Database-level encryption.
- Firewall protection against attempted system hacks.

In addition the availability of the system and data contained therein is provided the system vendor via redundant servers and nightly off-site system back up, as specified in the Disaster Recovery Plan.

Finally, administrative staff for Minnesota's HMIS run security reports on an at least monthly basis, to help ensure that end-users are properly following data privacy and sharing procedures. Failure to comply with procedures may result in denial of access to Minnesota's HMIS, as outlined in the Policies and Procedures manual.

## ***Agency Responsibilities***

Agencies are responsible for the actions of their users. Among the steps Agency will take to maintain data privacy and security are:

- **Access.** Agencies will permit access to Minnesota's HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.
- **Computers.** Agencies will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota's HMIS with commercially available virus protection software.
- **Username and passwords.** Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.

- **Change in Employee status.** Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).
- **Training.** Agency will only allow their staff to access Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research. Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

## Data Quality Plan

Wilder Research, in preparing to develop a data quality and monitoring plan, reviewed HUD guidelines as well as existing data quality plans from other HMIS implementations around the country. All these include at least the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. The data quality plan has also been reviewed and approved by the HMIS Governing Group.

### Timeliness

- Purpose: is to ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.
- Current Standard (may vary by program type):
  - Emergency Shelter (ES): within 10 days of service start date
  - Transitional Housing (TH): within 2 weeks of program entry
  - Permanent Supportive Housing (PSH): within 2 weeks of program entry
  - Services Only: within 10 days of program entry
  - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
  - ALL PROGRAMS: All data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15<sup>th</sup> of the month following each quarter. (*April 15 for Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4*).
    - Included data elements that will be monitored are:
      - Universal data elements (HUD and MN required)
      - Entry/Exits
      - Services
    - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.

## **Completeness**

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.
- Current Standard:
  - All clients receiving homeless, prevention, and outreach services have a record in HMIS
    - Goal of less than 5% of clients are anonymous
      - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
      - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
    - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
  - All data entered into HMIS is complete (based on funder requirements)
    - Universal Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field.
      - Exception for SS#. This may have up to 2% missing, and 8% don’t know, or refused.
        - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% “don’t know or refused”.
      - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
    - Program Specific Data Elements: “Missing”, is less than 2% and “don’t know or refused” is less than 3% in any one field
  - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
    - Wilder HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. It can also indicate changes in programs, such as bed counts, that must be accurately counted.

## **Accuracy/Consistency**

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.

- *This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.*

### **Data Quality Process/Monitoring**

- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Current Standard:
  - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
    - Notify Wilder HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email [hmis@wilder.org](mailto:hmis@wilder.org).
  - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
    - CoC Coordinators will forward reminder email to their program providers/agencies.
  - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
    - HMIS will send reports the above parties on the 22<sup>nd</sup> of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
  - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
    - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
    - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
  - HMIS staff will assist providers in correcting data and updating program information as needed.

### **Incentives/Enforcement**

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. Wilder HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- Wilder staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)

- Program does not improve data quality over two consecutive quarters
  - CoC /funder/grantee contact agency
  - Wilder HMIS staff offers walkthrough support
- Program does not improve data quality over three consecutive quarters
  - CoC/Funder/Grantee contacts agency
  - Wilder HMIS staff identifies which users require additional training
  - License suspension until follow-up is possible
- Program does not improve data quality five quarters out of eight
  - CoC Coordinator/Funder/Grantee determine appropriate action
    - Lost points on CoC competition or similar consequence
    - Increased monitoring
    - Additional interventions as determined by CoC Coordinator/Funder/Grantee, Wilder Staff, and Agency Staff.
- Incentives to be determined

#### **Progress Charts**

- These charts will be provided semi-annually and may include the following information:

Name of Project and SPID	Project has no errors	Improved data during correction period	Missing data exceeds goal – including # of anonymous clients	Missing data but does not exceed goal	Number of quarters in the past two years without improvement
Sample project 1 (2479)		Yes	No	Yes	1
Sample project 2 (3549)		No	Yes	Yes	3
Sample project 3 (1157)	✓	N/A	No	No	0
Sample project 4 (621)		No	No	Yes	2

## **Oversight of Minnesota's HMIS**

### ***Composition of HMIS Governing Group***

The Governing Group currently is a 26 member body, made up of the following:

- 13 representatives appointed by Continuum of Care regions in Minnesota.
- 1 representative of the Minnesota Coalition for the Homeless
- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)
- 2 representatives from the state's Inter-Agency Task Force on Homelessness

- 1 representative from each of the following groups: youth, veterans, domestic violence, AIDS/HIV, homeless or formerly homeless (5 members total) Representative from first four groups (youth, veterans, domestic violence, and AIDS/HIV) may be a service-provider with expertise on the population, or a client member of the population. These members are nominated and elected by current members.
- 2 additional at large representatives, nominated and elected by current members.
- 2 representatives with expertise in the field of technology.<sup>3</sup>

Representatives shall be appointed for two year cycles.

### ***Additional provisions***

- A chairperson (or co-chairs or “officers”) will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.
- Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.
- Project staff will staff meetings and will not serve as voting members.
- Subcommittees shall be appointed as needed.

### ***Governing Group roles and responsibilities***

#### Budget and Financing

- Periodically reviews HMIS system budget
- Sets goals for user-based fees
- Assists with fundraising

#### System Policies

- Data element oversight (resolving the manner in which specific elements are collected when there is disagreement among users; approval of any questionable or controversial data elements)

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<sup>3</sup> Originally the Governing Group was a 25-member body. On August 28, 2006 the Governing Group passed a motion to include an additional technology representative.



- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)
- Approval of necessary forms
- Approval of agency participation
- Deciding on the appropriate system rights for participating agencies and staff
- Penalizing agencies that do not comply with system policies
- Hearing client grievances, and recommending appropriate remedy
- Approval of data requested by non-participants (e.g., academic researchers)
- Approval of requested narrative reports (special or first-time requests)

Current membership, including contact information, is available at [www.hmismn.org](http://www.hmismn.org).

## Expectations for HMIS System Administrator

### *Providing an HMIS*

As system administrator for Minnesota's HMIS, Wilder Research provides all of the necessary equipment, staff, and technology to operate and maintain the central site. This may be done directly or through contracts with outside vendors. Bowman Systems currently provides software (ServicePoint) and application service provider (ASP) services, including hosting and maintaining central servers, for Minnesota's HMIS.

In addition, system administrator will work with Continuum of Care Coordinators, participating agencies, end-users, vendors, and other HMIS stakeholders to ensure compliance with HMIS-related rules and standards enacted by the U.S. Department of Housing and Urban Development.<sup>4</sup>

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<sup>4</sup> HUD periodically updates data standards for HMIS, these standards currently include "Homeless Management Information System (HMIS) Data Standards: Revised Standards" Published in March 2010.

## ***HMIS Governing Group***

Wilder Research utilizes the HMIS Governing Group to provide general oversight and guidance to the project.

## ***Training***

Wilder Research provides ongoing training on the system, either directly or through agreements with others. Each user of the system is required to complete basic user training in order to begin using the system. Wilder Research may deliver on-site training in the event that an agency has a large number of staff to train, but generally will not deliver one to one training on-site without an additional contract for this service.

## ***Right to Deny Access***

Wilder Research retains the right, subject to the HMIS Governing Group's review, to suspend or revoke the access of any agency or individual to the system for consistent or egregious violation of Minnesota HMIS policies.

## ***Availability of Project Staff***

Wilder Research staff are available during normal business hours to respond to service requests from either the Agency Director or identified site contact person.

## ***Notice of Planned Interruption in Service***

Whenever possible, Wilder Research will notify participating agencies of planned interruptions to service at least 3 business days prior to the interruption.

# **HMIS Policy Considerations**

Individual access and corrections to personal information maintained in HMIS

Agencies will respond to all data requests submitted by individual program participants served by that particular agency. Any requests received by an agency that the agency is unable to fulfill will be forwarded to Wilder Research.

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or

program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

Program participants may request amendments or corrections to their record. Any such requests shall be honored unless program staff have a justifiable reason for not making the change, including that the requested change would misrepresent client characteristics, service dates, or the like. Requests for changes that are not honored may be recorded under client case notes in the HMIS. Requests for multiple alterations in any calendar year may be denied due to administrative burden or harassment by the individual program participant (unless substantive change have been made to the record – program participants may request additional alterations following substantive changes to their records).

Any denial of a request for inspection or alterations by programs/agencies may be taken by the individual program participant to the Minnesota Coalition for the Homeless who shall bring the matter (in a confidential manner) before the HMIS Governing Group.

Grievance procedures for individual program participants

Users must permit clients to file a written complaint regarding the use or treatment of their information within Minnesota HMIS (an example grievance form is provided in the appendix). Clients may file a written complaint with either the Agency/program or with the Wilder Research. Clients may not be retaliated against for filing a complaint. Clients unsatisfied with agency- or administrator-level grievances are free to file a grievance to the HMIS Governing Group (mail to: Minnesota Coalition for the Homeless, in care of “HMIS Grievance,” 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404).

A written response must be prepared by either the party receiving the grievance (Agency/program, Wilder Research), or the Governing Group.

Clients also may choose to pursue complaints through the legal system.

All agencies are encouraged to complete Data Privacy and Protection training

The HMIS Governing Group encourages all participating agencies or programs to routinely train their personnel on best practices in data privacy and protection. Data privacy is emphasized in HMIS training sessions, but more general training on this topic is encouraged.

Ensuring Data Accuracy

Agencies are responsible for the accuracy of the data they enter into the HMIS. Agencies are strongly encouraged to run reports on a monthly or weekly basis to check data and consult with Wilder Research to correct any problems.

Wilder Research shall regularly check data quality in Minnesota's HMIS. Agencies, or particular end-users, that make repeated errors may be required to attend more training, or may be barred from using HMIS if they are unwilling to improve data entry practices.

If Wilder Research or a funding entity that requires HMIS participation determines that an agency has committed fraudulent activity in the submission or alteration of data, the violation shall be brought before the HMIS Governing Group who shall determine a response after the agency or program has had an opportunity to respond to the allegation or information. The HMIS Governing Group has the authority to take ameliorating action or expel an offending agency from Minnesota's HMIS.

#### Third party access to data

No request for private, personal information about an individual program participant from a third party or entity shall be honored unless the request is legally binding and complies with the policy for research uses of HMIS data (see appendix).

All requests for system-wide aggregate data or information shall be forwarded to Wilder Research. Wilder Research may charge a reasonable recovery fee.

# Appendix

*Glossary*

*Goals of HMIS In Minnesota*

*Sample HMIS grievance procedure form \**

*User policy, responsibility statement & code of ethics \**

*Client data privacy notice and consent form \**

*Client release of information form \**

*Policy for Research uses of HMIS data\**

*\* For the most recent version of forms, see: <http://www.hmismn.org/>*

## ***Glossary***

AHAR – Annual Homeless Assessment Report. A national report produced by HUD that uses HMIS data.

CoC – Continuum of Care. Geographically designated groups that annually file a joint application to HUD for homeless funding. CoCs also work together to develop plans, policies, and initiatives related to homelessness.

DHS – Minnesota Department of Human Services.

End User – Any person in an agency in possession of a valid user license who directly accesses the HMIS.

HIPAA – Health Insurance Portability and Accountability Act. A federal law that applies to the data practices of agencies that provide medical and medically-related services.

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

MHFA – Minnesota Housing Finance Agency, also referred to as Minnesota Housing.

McKinney-Vento Act – Federal law that allows for funding for HMIS and Housing and Supportive Service programs which serve individuals who are homeless

ServicePoint – The software behind Minnesota's HMIS. An internet-based client information management system developed by Bowman Systems, LLC.

## **Goals of HMIS in Minnesota**

*In the Spring of 2002 Minnesota Housing Finance Agency convened an open meeting on HMIS that included an in-depth brainstorming session on what the state wants out of our HMIS. The following summary was later adopted by the HMIS Implementation Group as the vision for Minnesota's HMIS.*

### **Overall vision and goal**

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness.

#### **Goals from the perspective of those experiencing homelessness:**

Minnesota's Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately
- Help us identify other services for which we are eligible
- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible
- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities
- Get the job done with the minimum number of questions
- Eliminate the need for us to repeatedly give the same information to service providers
- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system
- Include protections against using the system's data to deny service, or to abuse civil rights
- Provide us with a printout of our personal data upon request
- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services
- **In sum, improve access to shelter, housing, and services**

### **Goals from the service provider perspective:**

Minnesota's Homeless Management Information System will:

- Be user friendly, and include adequate training and available help for users
- Easily provide accurate agency-level data, including client demographics, needs, and trends over time
- Cost little
- Be useful for us even if we do not have computers or much technical capacity
- Cover our reporting requirements
- Protect our clients' confidentiality—and us from liability
- **In sum, provide an affordable, user-friendly tool to accurately track client service usage.**

### **Goals from the continuum of care perspective:**

Minnesota's Homeless Management Information System will:

- Provide accurate regional data on demands, migration, capacity, and gaps
- Easily summarize data for the continuum of care
- Include as many providers as possible
- Be affordable and adequately staffed
- **In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.**

### **Goals from the state agency perspective:**

Minnesota's Homeless Management Information System will

- Interface with (or replace) state data systems
- Produce state and federal reports
- Improve service delivery to clients
- Provide improved, standardized, and timely statewide data for planning
- Provide a good return on the investment
- Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals
- **In sum, help coordinate statewide data collection to improve public policy.**



## ***Minnesota's HMIS: grievance procedure form***

If you believe that you have not received the assistance you desire concerning your personal or private data held in Minnesota's HMIS, please send a written complaint to:

1. Your Agency
2. Wilder Research  
c/o HMIS Administrator , Attention: Grievance  
451 Lexington Parkway North  
St. Paul, MN 55104

This Agency and Wilder Research are prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This Agency and Wilder are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by either your agency or the Wilder Research you may make a complaint to:

3. Minnesota Coalition for the Homeless                      612-870-7073  
Attention: HMIS Grievance  
2233 University Avenue West, Suite 434 St. Paul, MN 55114.

The Coalition will bring your complaint to Minnesota's HMIS advisory group, which will attempt a voluntary resolution of the complaint.

Please note that the Minnesota Coalition for the Homeless is available to help if you would like assistance filling out this form. Also note that the Coalition does *not* directly provide legal services.

---

### **GRIEVANCE FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***User Policy, responsibility statement, & code of ethics***

### **Minnesota's HMIS User Policy, Responsibility Statement & Code of Ethics**

For: \_\_\_\_\_ from: \_\_\_\_\_  
User (print name) (print Agency Name)

#### **USER POLICY**

Partner Agencies who use Minnesota's HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a **Client's** decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate **Minnesota's HMIS Client Informed Consent and Release of Information Authorization** shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

#### **USER RESPONSIBILITY**

A User ID and Password give a user access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My User ID and Password are for my use only and must not be shared with anyone (except the Minnesota's HMIS system administrator (Wilder) and Agency's HMIS administrator or executive director). I must take all reasonable means to keep my Password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I <b>must log-off</b> before leaving the work area.
_____	A computer that has Minnesota's HMIS open and running shall never be left unattended.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-647-4600).

## **USER CODE OF ETHICS**

- A. Users must be prepared to answer client questions regarding Minnesota's HMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- G. Users will not alter or override information entered by another Agency.
- H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

***I understand and agree to comply with all the statements listed above.***

\_\_\_\_\_  
User signature  
Preferred ServicePoint Login (username): \_\_\_\_\_  
Contact Information  
Work phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature ( MHP or WRC )  
Date

### ***WRC/MHP***

User's access level (circle): Case Worker Agency Admin Other: \_\_\_\_\_  
(if multiple "providers" in agency)  
User's home provider: \_\_\_\_\_  
Other providers this user may enter data as: \_\_\_\_\_

# ***Client Data Privacy Notice and Consent Form, and Release of Information Form (with instructions to agency)***

## **Instructions**

### **PLEASE READ BEFORE USING CONSENT FORMS**

#### **\*\*THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS\*\***

These forms were developed based on federal rules governing Homeless Management Information Systems (Federal Register, Vol. 69, No. 146, July 30, 2004), and additional guidance from Minnesota's HMIS Governing Group.

#### **How to use the HMIS consent forms and notices**

- 1. Minnesota's HMIS: Data Privacy Notice & Consent Form** should be given to all adult clients or single unaccompanied youth. Parents can give consent for their children. Clients who do not sign the form should be entered only using ServicePoint's "Enter as Anonymous" feature. Drop-in shelters, street outreach programs, and telephone-only services may substitute a brief verbal notice and consent for use of this form.
- 2. Minnesota's HMIS: Release of Information** is *only* for agencies that would like to provide their clients with the option of sharing data with other service-providing agencies that use Minnesota's HMIS. **This page is not necessary for DV agencies, Youth agencies, HIV/AIDS agencies, HIPAA-covered agencies, and others that do not intend to share data.** If using the form, please be sure to include a list of up to ten agencies with whom you would like to share data in the space provided, and communicate these "closed exemption" agencies to Wilder Research ([hmis@wilder.org](mailto:hmis@wilder.org)). Note that we are not allowing a share with all ServicePoint agencies option.
- 3. Minnesota's HMIS: Posted Data Privacy Notice** is not intended for distribution to clients. Please post this sign in an area viewable by clients.

Note that throughout the forms the phrase "this agency" can be replaced with the actual name of your agency. This document can be further modified and/or incorporated into an agency's existing data privacy forms and notices, but modifications should only be made in consultation with legal counsel.

Also note that **these forms apply only to data maintained in Minnesota's HMIS**. They are NOT meant to serve as an agency's complete privacy policy or sole consent forms. The following situations, for example, require some additional privacy-related provisions for your clients:

- Agencies covered by Minnesota's Government Data Practices Act**, need to provide clients with a Tennessean warning that lists the specific governmental agencies that fund the programs and, therefore, may view client data (e.g., Minnesota Department of Human Services, Minnesota Housing Finance Agency, U.S. Department of Housing and Urban Development). Consult your funder and see the Minnesota Department of Administration's Information Policy Analysis Division (<http://www.ipad.state.mn.us/>) for further information.
- HIPAA covered agencies**: The federal government's "Health Insurance Portability and Accountability Act" (for more info, see <http://www.hhs.gov/ocr/hipaa/>) supersedes federal HMIS regulations. By law, these agencies are not required to provide clients with "Minnesota's HMIS: Data Privacy Notice & Consent Form," but they are encouraged to do so, since the form provides information about the system. In addition, **HIPAA covered agencies need to provide clients with an opportunity to opt-out of including their data in research**. A check-box such as the following should be added somewhere to either the HMIS Notice & Consent forms, or the agency's forms:

Consent for research uses of information in Minnesota's HMIS. Please check (✓) one:

☐

Yes, include in research. I understand that information about me that is in Minnesota's HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will **never** appear on a research report.

☐

No, do not include in research. I do not want my information used for research purposes.

- HUD-Funded agencies** need to explicitly list HUD as having rights to view client data entered into Minnesota's HMIS. Please replace the second bullet under "who can see information entered into HMIS?" (currently "Auditors or others who have legal rights

to review the work of this agency”) with, “Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development.”

# Minnesota's HMIS: Data Privacy Notice & Consent Form

## What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

## Why is information collected in Minnesota's HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

## Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

## Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

## Signed consent

For: \_\_\_\_\_  
Print complete name (First, Middle, Last) Birth date

By signing this you are giving us your permission to enter your personal information into Minnesota's HMIS. You do not have to sign this form to receive services from this agency.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

## Minnesota's HMIS: Release of Information

For: \_\_\_\_\_  
Print complete name (First, Middle, Last) Birth date

With your permission this agency can share information that it enters into HMIS with other agencies. Sharing allows other service providers to look up information about you in Minnesota's HMIS if you go to them for help. Sharing this information may help the other agencies serve you better.

### Please check (✓) a box:

- ☐ **DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers. *(Data security = Closed)*
- ☐ **SHARE:** This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time.  
*(Data security = Closed with exceptions)*

If you checked **SHARE**, please check (✓) the agencies that you would like to share with:

<input type="checkbox"/> Share with all agencies listed below	
<input type="checkbox"/> <u>&lt;Agencies should use this space to&gt;</u>	<input type="checkbox"/> <u>[Please communicate this list to ]</u>
<input type="checkbox"/> <u>&lt;fill in names of up to 10 other programs&gt;</u>	<input type="checkbox"/> <u>[Wilder: hmis@wilder.org]. ]</u>
<input type="checkbox"/> <u>&lt;that use ServicePoint, and are most&gt;</u>	<input type="checkbox"/> <u>[subject line: potential exceptions list ]</u>
<input type="checkbox"/> <u>&lt;likely to have some of the same clients&gt;</u>	<input type="checkbox"/> <u>[see www.hmismn.org/agencies/ ]</u>
<input type="checkbox"/> <u>&lt;or receive referrals from this agency&gt;</u>	<input type="checkbox"/> <u>[for a current list of HMIS agencies]</u>

If you checked **SHARE**, please check (✓) if we should let these agencies see information about...

- |  |  |
|--|--|
| <input type="radio"/> Services you receive                 | <input type="radio"/> Educational background |
| <input type="radio"/> Your income and income sources       | <input type="radio"/> Employment status      |
| <input type="radio"/> If you are homeless or not           | <input type="radio"/> Military history       |
| <input type="radio"/> Reasons for seeking services         | <input type="radio"/> Other: _____           |
| <input type="radio"/> Living situation and housing history | <input type="radio"/> Other: _____           |

### When you sign this form it shows that you understand:

- We will **not** deny you help if you do not want your personal information shared.
- If you want us to share your data, this consent will expire in 1 year.
- If you want us to share your data, you may change your mind and cancel this consent at any time.
- Even if you check "do not share" your information in HMIS may still be seen by the people listed on Minnesota's HMIS Data Privacy Notice, and any others listed on this agency's privacy statements.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN DATE

\_\_\_\_\_  
Signature of agency witness Date

## ***Minnesota's HMIS: Posted Data Privacy Notice***

We collect personal information about the people we serve in a computer system used by many social service agencies called Minnesota's HMIS (Homeless Management Information System).

Personal information that we collect is important to run our programs and to help us improve services. Also, we are required to collect some personal information by law or by organizations that give us money to operate this program. We only collect information that we consider to be appropriate.

You do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

You have a right to review the personal information that we have about you and ask us to correct any mistakes you may find. You have a right to file a complaint with this agency or others if you feel that your data privacy rights have been violated.

Please ask our staff if you have any questions, or if you would like a grievance form or a complete copy of our privacy policy.



## **Minnesota's HMIS Policy for Research uses of HMIS data<sup>5</sup>**

1. **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor's research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.
2. **Work plan and budget agreed to.** Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.
3. **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).
  - a. Wilder notifies HMIS Governing Group that a request has been received.
  - b. Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.
  - c. Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.
  - d. Requestor clears the project with Wilder's Research Review committee for approval or denial. [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]
  - e. Wilder notifies Governing Group of whether the project is moving ahead.
  - f. At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.
4. **After the analysis findings from the project are provided to Governing Group via Wilder Research.** The format of this report depends on the nature of the project.

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<sup>5</sup> Developed by Wilder Research in consultation with HMIS Governing Group and its ad-hoc Policy Subcommittee. Accepted by Governing Group on July 15, 2010.

## Minnesota HMIS Local HMIS Data Use and Administration Agreement

The following agencies/organizations hereby enter into a "Local HMIS Data Use and Administration Agreement."

1. \_\_\_\_\_, the Local HMIS Administrator;  
(Name of agency/organization)
2. \_\_\_\_\_, Continuum of Care Coordinating Agency  
(Name of agency/organization)
3. \_\_\_\_\_, Service Agency/Organization  
(Name of agency/organization)

Whereby the above named agencies/organizations agree to share information entered into Minnesota's Homeless Management Information System (Minnesota's HMIS) for the general purpose of administration and system-related data use. The designated Continuum of Care Coordinating Agency (CoC) may provide administrative functions related to Minnesota's HMIS, which may include training, administration, coordination, and report generation, to programs participating in Minnesota's HMIS. The designated CoC may also utilize or disclose information entered into Minnesota's HMIS for the purposes of meeting the CoC's duties, obligations, and goals relative to Minnesota's HMIS.

Furthermore, the participating agencies/organizations:

1. Acknowledge that in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by applicable state and federal regulations governing confidentiality of patient records, which may include the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2), the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), the Minnesota Government Data Practices Act, and the Minnesota Health Records Act, and cannot use or disclose the information except as permitted or required by this agreement or by law.
2. Acknowledge that they are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2), the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), the Minnesota Government Data Practices Act, and the Minnesota Health Records Act. **A general authorization for the release of information is NOT sufficient for the purpose of meeting requirements relative to 45 FCR Parts 160 & 164.**
3. Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
4. Agree to notify each of the other Participating Agencies/Organizations, within one business day, of any breach, use, or disclosure of the protected information not provided for by this agreement.
5. Agree to adhere to the standards outlined within the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164) which provides consumers access to their protected information, (164.524), the right to amend protected information (164.526), and receive an accounting of disclosures of protected information (164.528).
6. Agree to notify each of the other Participating Agencies/Organizations of their intent to terminate their participation in this agreement.
7. Agree to resist, through judicial proceedings, any judicial or quasi-judicial effort to obtain access to protected

information pertaining to consumers, unless expressly provided for in state and/or federal regulations.

8. Agree to make available internal practices, books, and records, including policies and procedures relating to the use and disclosure of protected information received from the agency or program. Information created or received by the service or program may be reviewed for a compliance audit requested by an authorized agency, in a negotiated time and manner.
9. Tribal Sovereignty - this agreement or any subsequent agreements shall not require an Indian tribe or band to deny their sovereignty as a requirement or condition.

**The Signatures Below Constitute Acceptance of the Data Use Agreement**

1. Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & Title of Authorized Signature: \_\_\_\_\_  
  
\_\_\_\_\_  
Signature Date
2. CoC Coordinating Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & Title of Authorized Signature: \_\_\_\_\_  
  
\_\_\_\_\_  
Signature Date
3. Local HMIS Administrator: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & Title of Authorized Signature: \_\_\_\_\_  
  
\_\_\_\_\_  
Signature Date

# Minnesota HMIS System Administrator Policies & Procedures

APPROVED BY THE HMIS 2.0 DATA STRUCTURE & SHARING WORKGROUP

## HMIS SYSTEM ADMINISTRATOR POLICIES & PROCEDURES

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## HMIS SYSTEM ADMIN POLICIES & PROCEDURES

### Purpose Statement

The purpose of this document is to clearly define the obligations and responsibilities of all parties as related to the formation and ongoing duties of the Local System Administrator (LSA) role, for Minnesota's Homeless Management Information System (MN-HMIS). Note that policies regarding other aspects of the system are present in other documents, as detailed below.

### Guiding Principles

Minnesota HMIS System Administrator Policies & Procedures were created based on the following guiding principles:

- Data Security/Privacy is protected.
- System Administrator policies will provide a platform for consistency across the state while allowing for local priorities and varying geographic needs, particularly unique differences between rural and urban Continuums.
- Tribal sovereignty is honored and accommodated.
- Administrative actions and decisions should be conducted through the lens of how the action will benefit clients.
- Service-providing agencies need to be informed and consulted when their data will be used in a manner that identifies their agency.
- Continuum of Care regions will be able to use data to inform and enhance local planning and reporting needs.
- Data will be used to guide and inform state, regional and local partners in efforts to end homelessness.
- Minnesota's HMIS will be a collaborative partnership with different levels actively working together to share information, develop policies, and meet system goals.
- Be respectful and inclusive of all partners. We are all working towards the same goal—to end homelessness.

### Key Terms and Acronyms

Term	Acronym (if used)	Brief Definition
Agency Administrator		Each agency that uses HMIS will have a lead administrator for their agency. This person will have administrative capabilities for their agency's tree and will be responsible for communicating with SSA, LSA, and agency end users.
Annual Support Plan		An annual plan that will be developed by LSAs in each CoC region to identify system administration responsibilities between the SSA and LSA.
Annual Communication Plan		An annual plan that will be developed by LSAs to identify contact information and communication schedules and responsibilities between Agency Administrators, SSA and LSA.
Continuum of Care	<b>CoC</b>	Planning body charged by HUD with guiding the local response to homelessness.
Evaluation Plan		A plan that will be developed by CoCs to evaluate agency and system performance that is approved by the CoC Governing Board.
Funder		Any entity that requires agencies to enter data into HMIS. State agencies that fund homeless programs in HMIS are included as "funder".
Homeless Management Information System	<b>HMIS</b>	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery

		systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public monies related to homelessness.
HMIS Advisory Task Force	<b>HMIS-ATF</b>	The governing body that sets HMIS policy and procedure, oversees grants and budgets, and plans for system use and changes.
HMIS Lead Agency		The entity for the Statewide HMIS that helps set policy and manage contracts, including with the Statewide System Admin for administration of the System.
Housing Inventory Chart	<b>HIC</b>	Annual count of all homeless programs and their units and beds.
Local System Administrator	<b>LSA</b>	The entity responsible for the regional administration of HMIS within each CoC region.
Minnesota's Homeless Management Information System	<b>MN-HMIS</b>	Minnesota's statewide HMIS.
Participating Agency		Any organization (employees, volunteers, and contractors) that records, uses or processes Protected Personal Information in HMIS
Point in Time Count	<b>PIT</b>	An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an "unsheltered" or street count.
Sharing		Sharing, as used in this document, refers to the sharing of data between agencies. It does <b>not</b> refer to basic entry into the HMIS or CoC or funder access to client level information for administration or reporting. Sharing data requires a signed client Release of Information.
Statewide System Administrator	<b>SSA</b>	The entity responsible for state-wide administration of MN-HMIS (currently Wilder Research).
Tribal Specific Information		This refers to data that identifies the specific tribal membership of a household. This includes data that is reported in CoCs where only one Tribe resides.
User		Any person that has access and license to participate in HMIS. This includes endusers, agency administrator, local system administrator, and state system administrator.
User Group		A workgroup of end users that will meet to consult and advise SSA and LSA regarding the administration of HMIS.

#### Key Agreements, Certifications, Licenses and Disclaimers

*MN-HMIS utilizes the following documents and processes to ensure clients, agencies, end users, and administrators understand their rights and responsibilities for participating in the data system. Documents and processes are still in development in many cases and further documents around data sharing and governance will be added as they are developed. Only currently existing documents are listed. Other agreements, certifications, licenses, disclaimers not named in these policies may be created and used if approved by the HMIS Advisory Task Force and/or CoC.*

Document	Acronym (if used)	Brief Definition
Informed Consent		The document used to gain permission from clients to collect their information and to indicate what parties will be able to see and use their data for administrative purposes.
Joint Governance Charter		Each CoC is an independent entity that participates in MN-HMIS. As such, there is a signed Joint Governance Charter that designates the use of the Minnesota's State System Administrator and identifies the Statewide Lead Agency. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.
LSA Agency Agreement	<b>LSA-AA</b>	The Agreement signed by each Agency, LSA, and Continuum of Care Lead Agency that governs data use and system administration within the region.
HMIS Policies and Procedures		Refreshed annually and set the minimum standards for the all participants of MN-HMIS.

Release of Information	ROI	The document used to gain permission from clients to share data within the HMIS for the purposes of service coordination. Allows for the sharing between agencies.
State-wide Agency Agreement	SSA-AA	The Agreement between all participating agencies and the SSA (Wilder) that specifies the rights and responsibilities of SSA and participating agencies.
User Policy & Code of Ethics Statement		The participating agencies are required to have all User Agreements and Training Certifications on file as well as agency related Agency Agreements and documentation. The SSA keeps a file with Agency Agreements and documentation for each agency in a secure environment.

## Privacy Statement

MN-HMIS is committed to make Minnesota's HMIS safe for all types of programs, the clients whose information is recorded, and to maximize the opportunities to improve services through automation. **Toward that end:**

- Sharing is a planned activity guided by the client through MN-HMIS Release of Information.
- The MN-HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of providers may participate in MN-HMIS.
- All those issued user access to the system (including system administrators) must successfully complete privacy training and sign a User Policy, Responsibility and Code of Ethics Statement, and agencies must sign an Agency Agreement. Taken together, these documents obligate participants to core privacy procedures.
- MN-HMIS will have separate policies on privacy and data sharing (as of 11/20/14, under development). All parties are obligated to adhere to the policies on privacy and data sharing.
- Existing contracts and agreements name the responsibility of all users of HMIS to follow data privacy principles. The SSA will have primary responsibility to monitor and audit data privacy in HMIS. LSAs will have secondary responsibility and will notify the SSA with any issues they identify. Further detail may be articulated in the Annual Support Plan between the LSA and SSA.

## System Administration Policies

### 1. Local System Administrator Responsibilities

The Local System Administrator (LSA) is responsible for ensuring that all aspects of their regional HMIS project are appropriately maintained. Many LSA's may not have the capacity to perform all responsibilities assigned to the LSA (outlined below). In addition, there are complex agencies that provide services in multiple CoC regions or the entire state—which could create confusion regarding which LSA they go to for system support, etc. For this reason, the SSA will work with LSAs to develop an Annual Support Plan to delineate responsibilities.

The SSA will provide structure and instructions for the LSA to use to manage their local system. LSAs will follow these processes, provide feedback where needed, and work collaboratively with the SSA and other LSAs to make sure we have consistent processes, improvements are made, and new ideas are shared so we are moving the processes towards their most ideal operations.

LSAs will decide each year which aspects of the following options they will perform locally. An Annual Support Plan will be created between the LSA and SSA to ensure that all tasks not performed locally will be assumed by the SSA. An Annual Communication Plan will also exist between the LSA, SSA, CoCs and agency administrators.

The Local System Administration responsibilities include the following:



#### ❖ Obtain/Maintain LSA Training and Certification for LSA staff

- Demonstrate complete competence in Statewide required training in privacy, security and system operation (provider page, workflows and reports).
- Comply with Minnesota Statewide Privacy Protocols as specified in the Agency Agreements and the User Agreement Code of Ethics.

#### ❖ Communication and Coordination

A primary responsibility of the LSA is to facilitate and maintain communication with all stakeholders of HMIS in their region including funders, SSA, agency admin, CoC, etc. The LSA will be responsible for creating an Annual Communication Plan between the LSA, SSA, CoCs and agency administrators which will include actions needed to perform duties such as the following:

- Attend all MN-HMIS System Administrator meetings/trainings.
- Facilitate local meetings that regularly review local HMIS policy and outcome/evaluation.
- Facilitate Continuum of Care HMIS Agency Administrator meetings.
- Inform SSA of system issues for coordination and resolution.
- Inform the community about HMIS.
- Represent/Cover HMIS at the Continuum of Care meetings.
- Collect contact and program information from Agency Administrators and communicate to State System Administrator

#### ❖ System Training

The SSA provides the foundation of HMIS trainings. The LSA will enhance and supplement<sup>1</sup> trainings for Agency Administrator and end users (initial and refresher) on topics that may include:

- ServicePoint workflows and data entry processes.
- Privacy and Confidentiality materials.
- Advanced Reporting Tool (ART), etc.
- System Administrator Orientation
  - Provider Page Set-Up Training
  - Reports Training
    - Data Quality
    - Progress Reporting
    - Outcome Reporting

#### ❖ System Support, Maintenance, and Customer Service

The LSA will ensure, in cooperation with the SSA, that on-going support is provided to all agencies using HMIS in their region. Responsibilities may include:

- Provide online, in-person, and by-phone technical support.
- Track all requests for technical assistance to determine adequacy and timeline of response.
- Regularly review log of requests for technical assistance to ensure consistent, effective and efficient service delivery.
- Review/Provide regular updates to Agency Administrators and end-users (as appropriate) regarding system changes and enhancements. Include information about SSA-provided training opportunities.
- Assign licenses to Agency Administrators and/or users.

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<sup>1</sup>Trainings may be facilitated and provided directly by LSA staff and/or may utilize trainings (recorded or otherwise) by the SSA or other parties.

- Communicate complex questions and possibly system problems to the SSA.

#### ❖ Ensure System Compliance

The LSA will work closely with the SSA and CoC coordinators to ensure that their region maintains high performance and adherence to State and Local data system rules and expectations. Responsibilities may include:

- Complete and submit:
  - Annual Homeless Assessment Report
  - Annual Performance Report
  - Housing Inventory Chart
  - Point in Time
  - Funding Round CoC application HMIS related information.
- Work with provider Agency Administrator to maintain data quality, correct errors and assist with technical support when updates need to be made.
  - Monitor all provider pages to ensure that the pages are set up consistent with MN-HMIS and HUD data standards.
  - System audits of agency compliance of data privacy, security and oversight standards.
  - Provide with regular data quality report card for all participating agencies/programs.
- Read and understand the HUD Data Standards that underpin the rules of the HMIS.
  - Ensure that participating agencies comply with HMIS requirements via HMIS monitoring.
- Assist CoC in maintaining and increasing bed coverage (high participation of homeless programs in HMIS).
- Support the CoC's continuous quality improvement efforts.

## 2. State System Administrator Responsibilities

The State System Administrator (SSA) will provide state-wide system development and support to ensure that the system is fully understood and appropriately utilized by all parties. SSA responsibilities will include:

- Monitor and enhance the performance of MN-HMIS.
- Create and provide a menu of trainings and reports accessible to LSA, Agency Administrator, and end users across the state. This should include both written and recorded trainings and directions.
- Audit LSA and data sharing functions to ensure appropriate use of private data.
- Provide help desk functions to all users of HMIS.
- Host regular webinar or call-in user group meetings.
- Provide guidance and a state-wide framework for system administration to LSA and Agency Administrator
- Perform all updates and changes to the system as required by funders and the HMIS Lead Agency.
- Other duties identified in existing "Minnesota's HMIS Policies and Procedures" dated January, 2014 or later: (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

#### ❖ SSA/LSA Annual Plans

The coordination between the SSA and all LSAs is vital to the function of MN-HMIS. For this reason, the SSA will hold an Annual Support Plan and an Annual Communication Plan with each LSA. Both plans must be approved by the CoC Governing Board.

Annual Support Plan—Many LSA's may not have the capacity to perform all responsibilities assigned to the LSA (outlined in pp.4-6). In addition, there are complex agencies that provide services in multiple CoC regions or the entire state—which could create confusion regarding which LSA they go to for system support, etc. For this reason, the SSA will work with LSAs to develop an Annual Support Plan to delineate responsibilities.

- The LSA will negotiate with the SSA to assume responsibilities not conducted by the LSA.

- The LSA will communicate the delineation of duties outlined in the Annual Support Plan to all agencies participating in HMIS in their region.
- The SSA will serve as the primary support/contact to all complex agencies unless otherwise identified and agreed upon by complex agencies in Annual Support Plans.

Annual Communication Plan—A Communication Plan will be developed to clarify the steps and responsibilities of the LSA, SSA, CoCs and agency administrators as it pertains to communication in administering the system. LSAs, CoCs, and SSA will work together to develop a Communication Plan for each CoC. As much as possible, communication processes will be similar among CoCs.

### 3. Additional System Administrator Policies

The SSA and LSA must adhere to all policies already noted in “Minnesota’s HMIS Policies and Procedures” dated January, 2014 or later: (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

## Publication Policies

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Publication of reports and dashboards may fall under a few different processes:

- Publication for the purpose of media distribution through website, newspaper articles, research reports, etc.
- Publication for the purpose of internal CoC evaluation and planning (by the CoC staff, LSAs, SSAs, and other key parties).
- Publication for the purpose of meeting Funder reporting requirements (information required by HUD including NOFA, AHAR, HIC, etc.).

State System Administrator (SSA) and Local System Administrator (LSA) will work together to confirm report use, design and interpretation. Our goal is to develop reports that can be shared across the system to meet similar needs and support CoCs in additional report development. Different rules may apply to the different uses as described above.

Data and reporting processes around data quality and HUD requirements will follow general state-wide HMIS processes as defined in “Minnesota’s HMIS Policies and Procedures”.

### 1. General Publication Policies

The following are policies that apply to all publications of HMIS data.

#### ❖ LSA Use and Access to HMIS Data

The LSA will be responsible for producing public and evaluative reports for their CoC region. In this role, the LSA must adhere to the following policies:

- The LSA may not access or use regional, Tribal- or agency-specific data for the purpose of providing their agency or any partner agency a competitive advantage.
- Agencies may have assessments and data that is collected specifically for their agency’s internal evaluation or client support. In such cases, if the agency does not want this data to be viewed or used, they must communicate this to the LSA.
  - The LSA may not view or use data/assessments that are restricted by the agency.
  - The agency may not restrict data/assessments that are required by a Funder requiring use of HMIS (including continuum of care data/assessments).

- In some cases, there may be an LSA that is able to view and run reports for the entire CoC and specific counties within the CoC.
  - The LSA may not view or use data in counties to which they are not authorized by the CoC Governing Board.

#### ❖ Confidentiality/Use of Identifiable Data

- All release of client identified data will be governed by the following documents:
  - MN-HMIS Informed Consent
  - MN-HMIS Release of Information
  - MN-HMIS Agency agreements (each agency will have agency agreements with both the SSA and LSA)
  - MN-HMIS Privacy Policies
  - Business Associate Agreements
  - Local Policies and Agreements
- SSA/LSA may not release an aggregated report from a data set that is small enough or unique enough to allow identification of an individual client's information to be extracted from the report. Data cut by detailed client characteristics will generally be released in Regional representations.
- If it is determined that a preliminary report may not be published due to concerns or release of identifiable data, SSA/LSA will:
  - Shred or incinerate paper copies of the report.
  - Notify review partners to destroy any copies of the report.
  - Destroy or securely store all source calculations for the report.

#### ❖ Continuum of Care Obligations

- Each CoC is required to review routinely their CoC-wide Summary Data including counting, descriptive and outcomes reports for accuracy of data and report design.
- Each CoC is required to establish a local process to guide the publication of local/CoC specific information and the focus of their data use needs and processes.
  - Any such process must include representation from the agencies that enter data into the System either directly or through a formal review process.
- CoCs that wish to use the System to evaluate agency performance must develop a formal Evaluation Plan that is approved by the Continuum of Care Governing Board.
- Each CoC must establish a procedure for the purpose of creating and reviewing data quality.

#### ❖ Data Quality and Validation Process

All HMIS participating agencies will follow the Data Quality Plan as outlined in "Minnesota's HMIS Policies and Procedures"<sup>2</sup>. The Data Quality Plan includes the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. This section expands on the Data Quality Plan as it pertains to local system administration.

*Data Collection Timeliness*—As noted in "Minnesota's HMIS Policies and Procedures", reducing the time period between data collection and data entry will increase the accuracy and completeness of client data. Current standards for timely data entry vary by program type.

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<sup>2</sup> See Minnesota's HMIS Policies and Procedures 2014 document (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>)

Local CoCs may require (through CoC Governing Board action) more timely data entry/quality standards, but cannot allow data entry/quality standards to be less timely than HMIS policies.

*Data Completeness and Accuracy, Data Quality Plans*—In order to create reliable reports, it is absolutely vital that system administrators ensure the accuracy of data included in the reports. SSA/LSA will work with Agency Administrators to establish data quality plans including steps needed to correct poor quality data.

- Aggregated reports will be routinely reviewed at the agency, CoC and SSA levels to identify and correct data quality issues.
- All LSA and agencies are required to establish data quality and program improvement plans.
- Each CoC must establish a procedure for the purpose of creating and reviewing data quality.
- Agencies with poor quality, as determined by SSA and LSA will be required to correct data according to the level of quality concern within 14 calendar days (or sooner if the report needs to meet a shorter timeline for funders).
- System administrators will work with the agency to develop a plan to correct data quality. Levels include:
  - Red – High priority issue including; data privacy, significant missing data or other immediate/major concern affecting data integrity or privacy.
  - Yellow – Medium priority issue involving some missing/null information or similar quality concern.
  - Green – No or minor data quality or integrity issues
- Agencies exhibiting repeated data quality deficiencies and/or unresponsiveness to corrective action plans may be removed by the LSA or SSA from MN-HMIS.

*Data Completeness and Accuracy, Data Validation Review Process*—Prior to publishing reports, system administrators (LSA/SSA) must provide agency administrators the opportunity to ensure that the data included in reports is accurate.

- System administrators may not publish reports using data sooner than 60 days from the date of which report is run unless reports are required by Funders or are published with permission from participating agencies.
- Prior to publication, system administrators are required to run reports and send to CoCs and agencies for data review.
- Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process.
- Each CoC is required to establish a communication plan to ensure that LSAs, CoC Coordinators, and agencies understand the obligations each have to initiate and respond to data review requests on a timely basis.
- Funder-specific reports (non-CoC), may not be produced without the permission, review and approval of the identified Funder.
- Timeline/process required for data validation
  - General Reports
    - System administrators will allow at least 20 calendar days for agencies/CoCs to review their data that will be included in reports.
    - If a CoC/agency has discrepancies with data/presentation of the report, they may respond in writing to the SSA/LSA within 20 calendar days. The SSA/LSA will then have 20 calendar days to negotiate with the CoC/agency to resolve their concerns.
    - The HMIS Advisory Task Force will make final determinations with unresolved concerns.
    - Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within 20 calendar days.
  - Funder required reports

- System administrators may require agencies/CoCs to review and correct data included in reports within a timeline that meets the funder requirements. Such required responses may be shorter than 20 days.
- If a CoC/agency has discrepancies with data/presentation of the report, they may respond in writing to the SSA/LSA within the required timeline.
- Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within the required timeline.
- The HMIS Advisory Task Force will make final determinations with unresolved concerns.

#### ❖ Minimum Set of Qualifiers

All reports will be published with the following minimum set of qualifiers.

- The effective date (date on which the data draw was made) and the time frame of the report.
- Number and type of programs whose data is included in the report.
- Number and basic characteristics of Regions/CoCs included in the report.
- Pre-defined nuances in the data set including clients not represented in the data set or explanation of how the data set has been narrowed to improve accuracy.
- Information from other sources (such as Labor or Census Statistics) about the population or the community to support interpretation of the data set (as needed).
- Qualifiers, assumptions, and methodologies in defining data set(s) will be reviewed routinely, and whenever there are anomalies in studies involving subsets of data.

## 2. Publication Policies for Public Uses

The following policies will guide the use of information released to the public for purposes of providing resource planning, needs assessment information, community education, and research.

#### ❖ Policies Regarding Agency-Identified Information

- Data validation process (Page 7) must be followed.
- State System Administrator (SSA) and Local System Administrator (LSA) may not release agency-identified information (aggregated information for particular agencies) to the public without prior agency approval.
- As noted in the Data Validation Review Process, CoCs and/or agencies will be provided at least 20 days to determine if their data will be included in published reports.
  - Assent will be assumed for all CoCs/agencies that do not respond in writing to the LSA/SSA within 20 days.
- SSA and/or LSA may choose to publish an agency-identified report noting the agencies that have declined approval to be included in the report.
- Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process..

#### ❖ Release Rules by Report Type

The review process and required qualifiers for aggregated statewide and regional information will be based on the type of aggregated report and/or the purpose of the release.

Basic descriptive or demographic statistics—This type of report provides information about the characteristics of those served by agencies participating in the project, is generally utilized for resource planning, needs assessment and community education.

- The SSA will routinely publish basic descriptive reports for Minnesota's Regions and for basic provider types.

- SSA staff will compile and routinely update pre-defined basic descriptive statistics on who is being served including sums, percentiles and correlations. Information will be provided in charts and graphs. Counting strategies, assumptions, and qualifiers will be developed in coordination with the MN-HMIS Advisory Task Force and participating CoCs. Tables, charts and qualifiers will be published as updates are complete and made accessible to the public.
- The MN-HMIS Advisory Task Force will create a Reports Committee that will work with LSAs and CoCs to determine the information that may be included in standard dashboard reports.
- A study process will be completed in all cases where the data set includes *outcome measures*.
  - Design of outcomes reports will be guided by the User Group engaged in the measurement and the Reporting Committee.
  - Outcome reports will comply with HUD requirements.
  - All outcomes reports are available for agency review on Minnesota's ART site. Agencies are asked to report issues related to the reports as they are identified. Reports will be routinely reviewed as part of the local and state system administrator coordination processes, such as monthly meetings.
  - SSA and LSA staff may not publish to the public agency identified outcomes without prior written review by the agency.
  - SSA and LSA may publish data sets that reflect regional performance or performance from general categories of programs with support from ongoing User Groups that support the design of the report. User Groups will be composed of a representation of agencies included in the report.
  - SSA and LSA will provide key summary reports to CoC Governing Boards (or other decision making bodies as assigned by CoC Governing Board) quarterly to assure data quality for routine releases of aggregated information.

Prevalence studies—This type of report provides information about the degree or frequency of a problem or condition and is more highly dependent on coverage levels than is basic descriptive or demographic data. Coverage levels reflect the CoC's estimate of the percent of local homeless consumers entered into the System. More specifically, CoC members review the combination of organizations reporting to the System and determine what proportion of the homeless population, including those normally seen through outreach efforts, are included on the HMIS.

- CoCs will provide coverage estimates for the homeless clients entered into the MN-HMIS.
- CoC's will provide a "point-in-time" coverage estimate at least annually. Coverage estimates may be amended as needed should the coverage change dramatically between reporting periods. Projections to the total count will be based on coverage estimates.

External Research studies—This type of report draws causal or predictive conclusions based on the data and depends upon statistical significance testing.

- All research studies must meet generally acceptable scientific standards related to statistical significance and reliability.
- Findings must be presented to the MN-HMIS Reports Committee or designated Review Committees and participating CoCs for comment prior to publication.
- All findings must be accompanied with a discussion of the limitations of the study.
- Where the data involves access to record level data, a Data Use Agreement will be signed by the researcher specifying privacy, access, use, retention and disposal of records.
- If the release of client level information is needed outside of the current HMIS partners or to data current HMIS partners do not currently have access to, the research policies established with the Advisory Task Force must be followed.



### 3. Publication Policies for Internal/CoC Evaluation and Planning Uses

LSA and their CoCs may seek to publish annual performance reports. Such reports will be used for CoC performance review, system planning and system analysis and will not be published for public use unless otherwise communicated prior to the development of the report.

#### ❖ Evaluation and Planning Reports—Not for Public Distribution<sup>3</sup>

- Evaluation and Planning reports may include agency-level performance indicators.
- CoCs that wish to run annual performance reports to evaluate agency performance must develop a formal Evaluation Plan that is approved by CoC Governing Board. This Plan may include the frequency and content of publications and how they may/may not be posted publicly.
- Annual CoC performance benchmarks reports (unique to each CoC, based upon HUD and local benchmarks) will include agency-identified information.
  - Agencies may show cause to not be included. Such agencies may be identified in the annual performance benchmarks reports as having declined permission to be included in the report.
    - CoC funded agencies do not have the option to show cause to not be included in CoC performance evaluation reports.
    - All requests for agency omission from reports due to cause will be reviewed and approved/denied by the CoC Governing Board.
    - Data Collection and reporting of tribal specific information will only be done with the written permission of the Tribal Council or authorized representative. CoCs where only one Tribe resides will work with the Tribe to develop a reporting plan to streamline the review/approval process..
- Each CoC's annual performance benchmark report may include outcomes unique to their region, but such outcomes will be drawn from common fields as defined by the MN-HMIS Advisory Task Force.
- Data validation process (Page 7) must be followed.
- Funder-specific reports (non-CoC), may not be produced without the permission, review and approval of the identified Funder.

#### ❖ Evaluation and Planning Reports—For Public Distribution

Evaluation and Planning Reports (including dashboard reports) that the CoC/LSA wish to make public must follow the policies and permissions identified in the "Publication for Public Uses" section (pp. 10-11).

### 4. Publication Policies for funder reporting requirements

Periodic reports are required by HUD (NOFA, AHAR, HIC, etc). System Administrators (SSA/LSA) will also be asked periodically to run reports for other funders (State agencies, etc.). The LSA/SSA must be able to produce these reports on a timely basis in order to meet funder requirements.

- Publication approval is not needed for use of information required by HUD during the NOFA, AHAR or HIC processes.
- The NOFA publication will include evaluation and performance data that is specific to HUD-funded agencies.
- Data validation policies (pg. 9) will be followed in the creation of funder reports.

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<sup>3</sup> It should be noted that any information in the hands of the government can be accessed through a Freedom of Information Act request. While reports may be intended for internal committee discussions it remains possible that they may be accessed by the public.



## 5. Summary of Publication Options

Purpose of the Report	Steps Needed to Run Report	Timeline Required
<b>Publication for Public Use</b> Created for the general public through website, newspaper articles, reports.	<ul style="list-style-type: none"> <li>Agency/Tribal specific data requires approval of the agency/Tribe and the CoC reporting committee.</li> <li>Must consult Agencies/CoCs with data validation.</li> </ul>	<ul style="list-style-type: none"> <li>Must run report from data at least 60 days prior OR after the data validation timelines have been met.</li> <li>Validation provides agencies / CoCs with at least 20 days to review/correct data.</li> </ul>
<b>Publication for Evaluation</b> Created for the CoC staff, LSAs, SSAs, and other key parties of CoC planning.	<ul style="list-style-type: none"> <li>Tribal specific data must be approved by Tribe.</li> <li>Agency specific data does not require approval if not released to public.</li> <li>Must consult Agencies/CoCs with data validation.</li> </ul>	<ul style="list-style-type: none"> <li>Must run report from data at least 60 days prior.</li> <li>Validation provides agencies / CoCs with at least 20 days to review/correct data.</li> </ul>
<b>Publication for Funder Requirements</b> Created for Funders (HUD, State, etc.) for purpose of evaluation and compliance.	<ul style="list-style-type: none"> <li>Does not require agency or CoC reporting committee approval to use data.</li> <li>Must consult Agencies/CoCs with data validation.</li> </ul>	<ul style="list-style-type: none"> <li>Report may be run with data more recent than 60 days as long as communicated to agencies.</li> <li>SSA/LSA provides clear timeline for data validation that meets funder requirements (may be less than 20 days).</li> </ul>

## CoC-Specific HMIS Policies

CoCs may develop additional HMIS policies and guidelines specific to the needs of their region so long as these policies maintain sufficient consistency with this document and “Minnesota’s HMIS Policies and Procedures” document.

- Efforts must be made to maintain consistency with state-wide policies.
- CoC-specific policies will be provided in writing for approval/denial by the HMIS Advisory Task Force. HMIS Advisory Task Force determinations must be made within two months of the request. Denials will be made in cases where the HMIS Advisory Task Force determines that local policies are disparate enough with state, regional or local policies that the effect would be detrimental to the system, agencies, and/or other CoC regions.

## Grievance Process

All participants of HMIS (clients, users, agencies, etc.) may file a grievance with the HMIS Advisory Task Force in any case in which they determine the policies and agreements noted in this and other HMIS documents have not been followed. A grievance form is included in Minnesota’s HMIS Policies and Procedures 2014 document (<http://www.hmismn.org/postings/pdfs/mnhmis-policy-and-procedures.pdf>).

- The HMIS Advisory Task Force and the Minnesota Coalition for the Homeless will monitor all grievances and track outcomes, including response time and final resolution.

## **AGENCY AGREEMENT**

### **For Minnesota's Homeless Management Information System**

Minnesota's Homeless Management Information System ("Minnesota's HMIS") is an information system which maintains information regarding the characteristics and service needs of clients for a variety of reasons, including the provision of more effective and streamlined services to clients and the creation of information which communities can use to determine the use and effectiveness of services.

\_\_\_\_\_, ("Agency") has elected to participate in Minnesota's HMIS. Wilder Research ("Wilder"), a part of the Amherst H. Wilder Foundation, is the primary coordinating Agency and the system administrator for Minnesota's HMIS. Wilder has contracted with Bowman Systems, LLC, 333 Texas Street, Suite 300, Shreveport, LA 71101 ("Bowman"), to maintain the file server which contains all Client information, including encrypted identifying Client information, entered into Minnesota's HMIS.

Agency and Wilder agree as follows:

#### **1. General Understandings.**

a. In this Agreement, the following terms will have the following meanings:

- "Client" refers to a consumer of services;
- "Agency" refers generally to any service-providing Agency participating in Minnesota's HMIS, excluding the system administrator (Wilder Research) or Bowman Systems.
- "Enter(ing)" or "entry" refers to the entry of any Client information into Minnesota's HMIS.
- "Shar(e)(ing)," or "Information Shar(e)(ing)" refers to the sharing of information which has been entered in Minnesota's HMIS with another Agency.

b. Agency understands that when it enters information into Minnesota's HMIS, such information will be available to Wilder and Bowman, who may review and use the data to administer Minnesota's HMIS, which includes conducting research and preparing reports that may be submitted to others in aggregate form without individual identifying client information. Information entered into Minnesota's HMIS may also be used or disclosed when required or permitted by law, including to auditors or funders who have legal rights to review the work of the Agency. Information entered into Minnesota's HMIS may also be disclosed to other entities or organizations in accordance with a Data Use and Administration Agreement entered into between the Agency and the other entities or organizations.

#### **2. Confidentiality.**

a. Agency will not (i) enter information into Minnesota's HMIS which clients do not authorize it to enter; and (ii) will not designate information for sharing which Agency is not authorized to share, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information. By entering information into Minnesota's HMIS or designating it for sharing, Agency represents that it has the authority to enter such information or designate it for sharing.

b. Agency represents that:

(i) (CHECK ONE) it is \_\_\_\_\_; is not \_\_\_\_\_ a “covered entity” whose disclosures are restricted under HIPAA (45 CFR 160 and 164). Note: an additional Business Associates agreement is needed from your agency to be able to share data with Wilder if you are covered under HIPAA;

(ii) (CHECK ONE) it is \_\_\_\_\_; is not \_\_\_\_\_ a program whose disclosures are restricted under Federal Drug and Alcohol Confidentiality Regulations: 42 CFR Part 2. Note: A Qualified Service Organization Agreement is required from your agency if you are covered under 42 CFR Part 2. If Agency is covered by 42 CFR Part 2 (federally-assisted alcohol abuse or drug abuse program providing alcohol or drug abuse diagnosis, treatment, or referral for treatment), it will not share Client data for purposes of sharing with other agencies;

(iii) (CHECK ONE) it is \_\_\_\_\_; is not \_\_\_\_\_ a program whose primary target clientele is unaccompanied youth;

(iv) (CHECK ONE) it is \_\_\_\_\_; is not \_\_\_\_\_ a program whose primary target clientele are victims of domestic violence (e.g., battered women’s shelter);

(v) If Agency is subject to HIPAA, (45 CFR 160 and 164 et seq) or 42 CFR Part 2, a fully executed Business Associate or Business Associate/Qualified Service Organization Agreement must be initiated by Agency and submitted along with this agreement before information may be entered. Sharing of information will be permitted only if the Client has signed an authorization.

(vi) If Agency is subject to the Minnesota Government Data Practice Act (the “Data Practices Act”), or other laws or requirements which restrict Agency’s ability to either enter or authorize sharing of information, Agency will ensure that any entry it makes and all designations for sharing fully comply with all applicable laws or other restrictions.

c. Agency may submit a Data Sharing Requirement Waiver Request to Wilder (Exhibit E) demonstrating that the clients served by Agency have unique needs in which sharing client data could jeopardize the health or safety of the client, or that there are other reasons why strict confidentiality must be maintained for Agency’s clients. Wilder may waive the data sharing requirements of HMIS on a case-by-case basis.

d. To the extent that information entered by Agency into Minnesota’s HMIS is or becomes subject to additional restrictions, Agency will immediately inform Wilder in writing of such restrictions.

**3. Display of Notice.** Pursuant the notice published by the Department of Housing and Urban Development (“HUD”) on July 30, 2004, Agency will prominently display “Minnesota’s HMIS: Posted Data Privacy Notice” (“Notice”) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from Minnesota’s HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form attached as Exhibit B, except that (a) where an Agency’s treatment of information is materially limited by other applicable laws or requirements (such as HIPAA, 42 CFR Part 2, or the Data Practices Act), the Agency’s Notice must reflect the more stringent requirements<sup>1</sup>; and (b) Agency will update its Notice whenever Wilder updates and distributes a new form of

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<sup>1</sup> Entities covered by other applicable laws and agreements should note that the Notice attached at Exhibit B pertains only to HMIS and should *not* be used as a more general Notice of Privacy Practices, at least without substantial revision. For example, the Notice does *not* contain various HIPAA-required provisions (especially for treatment of data not related to HMIS). Agencies must make sure that they provide all notices as required by applicable laws and agreements.

Notice to Agency. Agency will provide a written copy of the Agency's Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked to sign a Consent form. Agency will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

#### **4. Consent to Enter Information and Release of Information.**

a. **Consent Requirements.** The Agency must provide Minnesota's HMIS Data Privacy Notice & Consent to Enter Information form and obtain consent prior to entering information into HMIS. At a minimum, Agency must meet the following standards:

(i) In obtaining Client consent, Agency will provide a copy of the Agency's Notice referenced in paragraph 3 to Client along with a verbal explanation of the Agency's Notice and the terms of consent. Agency will arrange for a qualified interpreter or translator in the event that an individual is not literate in English or has difficulty understanding the Consent form or the Agency's Notice.

(ii) Agency will use the Minnesota's HMIS Release of Information form ("Consent"), for all Clients where written consent is required. The current form is attached and may be modified from time to time by Wilder (Exhibit A).

(iii) If Agency is a covered entity under HIPAA or 42 CFR Part 2, Agency's forms may be utilized, but Agency shall supplement its forms with the forms in Exhibit A to include the information conveyed in "Minnesota's HMIS: Data Privacy Notice & Consent Form."

(iv) If Agency is a covered entity under HIPAA or 42 CFR Part 2, a separate Consent form will be obtained for each individual that is seeking services. For agencies that are not a covered entity, a Consent form will be obtained for each individual or family that is seeking services.

(v) Agency will note any limitations or restrictions on information sharing on a Client's Consent with appropriate data entries into Minnesota's HMIS. If questions arise (for example questions on how to implement restrictions on information sharing), Agency will contact Wilder.

(vi) Agency will be responsible for insuring that consent is knowing, informed and given by a person competent to provide consent. For example, in the case of a minor, Agency will comply with applicable laws regarding minor consent by obtaining the consent of a parent or guardian, unless consent of the minor is acceptable under the Minor Consent law (e.g. Minn. Stat. §144.341–144.347). In cases of incompetent adults, the Agency must obtain consent from a person authorized to consent under Minnesota law.

(vii) If a Client withdraws or revokes consent for release of information, Agency is responsible for immediately making appropriate data entries in Minnesota's HMIS to ensure that Client's information will not be shared with other Agencies.

(viii) Agency will keep all copies of the Consent forms signed by Clients for a period of seven years. Such forms will be available for inspection and copying by Wilder at any time.

b. **Designation for Sharing.** Prior to designating any information for sharing with other Agencies, Agency will obtain the informed consent of the Client, using "Minnesota's HMIS Release of Information" (Exhibit A). If a Client does not consent pursuant to Minnesota's HMIS Release of Information form,

information may be entered into Minnesota's HMIS, but may not be shared with other Agencies. It is the responsibility of Agency entering information about a Client to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for sharing or prohibit information sharing; to implement any restrictions on information sharing; and to implement any revocation of consent to information sharing.

(i) **Covered Entities.** Covered Entities under HIPAA and any program subject to 42 CFR Part 2 must obtain a signed Minnesota's HMIS Release of Information before authorizing Wilder to use or disclose information entered into HMIS. If a Client does not sign Minnesota's HMIS Release of Information form, information may be entered into Minnesota's HMIS, but may not be further disclosed. The information may be used by Wilder as permitted by law and the HMIS Data Privacy Notice & Consent to Enter Information HMIS form. It is the responsibility of Agency entering information about a Client to assure compliance with HIPAA including assuring that all appropriate HIPAA Notices have been provided to Clients, to determine whether consent has been obtained; to make appropriate entries to either designate the information as appropriate for use or disclosure by Wilder or to prohibit such use or disclosure; to implement any restrictions on the use of the information; and to implement any revocation of a consent to information sharing.

**5. No Conditioning of Services.** Agency will not condition any services upon or decline to provide any services to a Client based upon a Client's refusal to sign a form for the sharing of information or refusal to allow entry of information into Minnesota's HMIS, unless a program funder or internal management practices require the entry of identified information into HMIS to deliver services.

**6. Re-release Prohibited.** Agency agrees not to release any Client identifying information received from Minnesota's HMIS to any other person or organization without a Minnesota's HMIS Release of Information form, or as required by law.

**7. Client Inspection/Correction.** Agency will allow a Client to inspect and obtain a copy of his/her own personal information except for information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or where another exception applies under law. Agency will also allow a Client to correct information which is inaccurate or incomplete. Corrections will be made by way of a new entry which is in addition to but is not a replacement for an older entry.

**8. Security.** Agency will maintain security and confidentiality of Minnesota's HMIS information and is responsible for the actions of its users and for their training and supervision. Among the steps Agency will take to maintain security and confidentiality are:

a. **Access.** Agency will permit access to Minnesota's HMIS or information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such employees to only those records required for work assignments.

b. **User Policy.** Prior to permitting any user to access Minnesota's HMIS, Agency will require the user to sign a User Policy, Responsibility Statement & Code of Ethics as such Policy may be amended from time to time by Wilder (the "User Policy"). Agency will comply with, and enforce the User Policy and will inform Wilder immediately in writing of any breaches of the User Policy. The current User Policy is attached at Exhibit C.

c. **Computers.** Agency will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. Computers used to access Minnesota's HMIS must be secured in a manner consistent with guidelines issued from time to time by HUD and/or Wilder. A copy of the current guidelines are set forth in attached Exhibit D.

d. **Passwords.** Agency will permit access to Minnesota's HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location. Passwords and user names shall be consistent with guidelines issued from time to time by HUD and/or Wilder. The current password requirements are contained at Exhibit D.

e. **Training/Assistance.** Agency will permit access to Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder. Agency will also conduct ongoing basic confidentiality training for all persons with access to Minnesota's HMIS and will train all persons who may receive information produced from Minnesota's HMIS on the confidentiality of such information. Agency will participate in such training as is provided from time to time by Wilder. Wilder will be reasonably available during normal weekday business hours for technical assistance (i.e. troubleshooting and report generation).

f. **Records.** Agency and Wilder will maintain records of any disclosures of Client identifying information either of them makes of Minnesota's HMIS information for a period of six years after such disclosure. On request of a client, Agency and Wilder will provide an accounting of all such disclosures within the prior six-year period. Wilder will have access to an audit trail from Minnesota's HMIS so as to produce an accounting of disclosures made from one Agency to another by way of sharing of information from Minnesota's HMIS.

g. **Additional Security.** Agency will insure that HMIS workstations are protected from viruses by commercially available and effective virus protection software. Agency will at all time comply with security requirements set forth by HUD and/or Wilder. The current such requirements are set forth in the attached Exhibit D.

h. **Breach Notification.** Agency will notify Wilder of any breach, use, or disclosure of information not provided for by this agreement, within five business days of discovery.

## 9. **Information Entry Standards**

a. Information entered into Minnesota's HMIS by Agency will be truthful, accurate and complete to the best of Agency's knowledge.

b. Agency will not solicit from Clients or enter information about Clients into the Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

c. Agency will only enter information into Minnesota's HMIS database with respect to individuals which it serves or intends to serve, including through referral.

d. Agency will enter information into the Minnesota's HMIS database promptly upon receipt and will enter all information in accordance with current data entry practices established by Minnesota's HMIS.

- e. Agency will not alter or over-ride information entered by another Agency.

## **10. Use of Minnesota's HMIS**

a. Agency will not access identifying information for any individual for whom services are neither sought nor provided by the Agency (except to the extent that Agency views names and other basic identifying information from a non-client in order to avoid the creation of a duplicate record). Agency may access identifying information on the Clients it serves and may access statistical aggregate, non-identifying information on both the clients it services and clients it does not serve.

b. Agency may report aggregate information to other entities for funding or planning purposes. Such aggregate information shall not directly identify individual Clients.

c. Agency will use Minnesota's HMIS database for its legitimate business purposes only.

d. Agency will not use Minnesota's HMIS in violation of any federal or state law, including, but is not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material, which is threatening, harassing or obscene, and material considered protected by trade secret.

e. Agency will not use the Minnesota's HMIS database to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

**11. Fee.** Agency agrees to pay fees currently established by Minnesota's HMIS. Payment must be received before agency training.

## **12. Proprietary Rights of Bowman Systems**

a. Agency shall not give or share assigned passwords and access codes for Minnesota's HMIS with any other Agency, business, or individual.

b. Agency shall not cause in any manner, or way, corruption of the Minnesota's HMIS database in any manner.

## **13. HMIS Advisory Body**

Wilder will consult with an advisory body, comprised of representatives from Minnesota's Continuum of Care regions and at-large members, to oversee system work. Wilder will consult with the advisory body from time to time regarding issues such as revisions to the form of this Agreement and the attachments to it. Written complaints by Clients which are not resolved at the Agency level or at Wilder may be forwarded to the HMIS advisory body, which will try to reach a voluntary resolution of the complaint.

## **14. Additional Terms and Conditions**

a. Agency will abide by the terms of its Notice and by such guidelines as are promulgated by HUD and/or Wilder from time to time regarding the administration of Minnesota's HMIS.





## **EXHIBIT A**

### **Minnesota's HMIS Data Privacy Notice & Consent to Enter Information Into HMIS**

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

#### **Why?**

- To help keep this program and others like it going. We are required to use HMIS.
- So we know how many people we serve and the types of people we serve at our agency and in the state.
- So we all understand what people need and can plan services to meet these needs.

#### **Who can see information that is in Minnesota's HMIS?**

- People who work for this agency will use it to help provide services to you or your family.
- Auditors or funders who have legal rights to review the work of this agency, which may include representatives from the US Department of Housing and Urban Development or the State of Minnesota.
- Organizations that run, administer, and work on the system, such as Wilder Research (in St. Paul) or a Local System Administrator. When these organizations administer or work on the system, they may see information about you. They may also use your information to conduct research related to homelessness and housing programs. Your name, social security number or other information that would identify you personally will not appear on a research report.
- People using HMIS information to write reports. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your identified information will never appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others.
- Others, when we are required by law to provide information, including officials with a valid subpoena, warrant, or court order.

We will not release your information for any other use unless you permit us, in writing.

#### **Your Rights**

- **If you do not want your name, social security number, or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this.
- You have the right to a copy of the Minnesota's HMIS information about you. (Unless we cannot give it because of certain legal proceedings or for other lawful purposes.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, 2233 University Ave W, St Paul, MN 55114.

#### **Signed Consent To Enter Information Into HMIS**

Each adult and unaccompanied youth should sign for self. A parent/guardian should sign for children under 18.

**For:** \_\_\_\_\_  
Print First and Last Name – use back of page for children's names & birth dates \_\_\_\_\_ Date of birth \_\_\_\_\_

My signature shows that I permit you to enter my personal information into Minnesota's HMIS.  
(You do not have to sign this form to receive services from this agency, but not sharing your information may affect the ability to quickly and appropriately identify services for you.)

\_\_\_\_\_  
**SIGNATURE OF CLIENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signature of witness**

\_\_\_\_\_  
**Date**

## **Minnesota's HMIS Release of Information**

**For:** \_\_\_\_\_  
Print First, Middle, and Last Name

\_\_\_\_\_  
Date of Birth

**Please check (✓) a box:**

☐ **DO NOT SHARE:** I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers/homeless agencies. I understand that not sharing my information may affect the ability to quickly and appropriately identify services for me. (*Data security = Closed*)

☐ **SHARE:** I \_\_\_\_\_ (insert client's name), understand that \_\_\_\_\_ ("Agency"), located at \_\_\_\_\_ (insert address) is a partner agency in Minnesota's Homeless Management Information System ("HMIS"). I understand that there are many other partner agencies in Minnesota's HMIS. The agencies that participate in Minnesota's HMIS may change from time to time. A copy of the current list of agencies is available upon request.

I authorize the information collected about me to be included in Minnesota's HMIS. I authorize the following information to be shared through Minnesota's HMIS, administered by the Wilder Foundation, located at \_\_\_\_\_, and for Minnesota's HMIS to share the information with other partner agencies in order to improve services to me and the services offered to others.

Information that might be shared could relate to:

- Family/Household Information
- Name, date of birth, Social Security Number
- Services you receive
- Your income and income sources
- If you are homeless or not
- Reasons for seeking services
- Living situation and housing history
- Educational background and employment information
- Military history
- Health information, including physical health, HIV, behavioral health

**When you sign this form, it shows that you understand the following.**

- We will **not** deny you help if you do not want us to share your personal information.
- If you permit us to share your data, this consent is valid until canceled by you.
- If you permit us to share your data, you may change your mind and cancel this consent at any time. If you cancel this consent, your data will not be shared except to the extent it has already been shared.
- If you consented to have your information entered into HMIS, but do not consent to have the information shared with other homeless providers or agencies, Wilder Research and the other limited people listed on the Notice & Consent to Enter Information into HMIS may see your information in HMIS, but the information will not be shared with other homeless providers or agencies.

\_\_\_\_\_  
**SIGNATURE OF CLIENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Signature of agency witness**

\_\_\_\_\_  
**Date**

☐ **Please treat information about my children age 17 or younger the same as mine.**

**EXHIBIT B**  
**Minnesota's HMIS**  
**Posted Data Privacy Notice**

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

We use the personal information to run our programs and to help us improve services. Also, we are required to collect some personal information by organizations that fund our program.

You do not have to give us information. However, without your information we may not be able to help you. Also, we may not be able to get help for you from other agencies.

You have a right to review the personal information that we have about you. If you find mistakes, you can ask us to correct them. You have a right to file a complaint if you feel that your data privacy rights have been violated.

**Please tell our staff if you have questions. If you need a grievance form or a complete copy of our privacy policy, please ask our agency staff.**

**EXHIBIT C**  
**Minnesota's HMIS**  
**User Policy, Responsibility Statement & Code of Ethics**

For: \_\_\_\_\_ from: \_\_\_\_\_  
User (print name) (print Agency Name)

**USER POLICY**

Agencies who use Minnesota's HMIS and each user within any Agency is bound by various restrictions regarding the Client information.

It is a **Client's** decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate **Minnesota's HMIS Client Informed Consent and Release of Information Authorization** shall be signed by Client before any Client information is designated for sharing with any Agencies. **If your agency is covered by 42 CFR Part 2 (federally-assisted alcohol abuse or drug abuse program providing alcohol or drug abuse diagnosis, treatment, or referral for treatment), your agency should not share Client data for purposes of sharing with other agencies, as the Release of Information Authorization may not be fully compliant with Part 2.** User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

**USER RESPONSIBILITY**

A User ID and Password give a User access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My Password is for my use only and must not be shared with anyone. I must take all reasonable means to keep my Password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I <b>must log-off</b> before leaving the work area.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-280-2780).

## USER CODE OF ETHICS

- A. Users must be prepared to answer client questions regarding Minnesota's HMIS.
- B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.
- C. Users must allow client to change his or her information sharing preferences at the client's request.
- D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.
- E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.
- F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.
- G. Users will not alter or override information entered by another Agency.
- H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.
- I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.
- J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 451 Lexington Parkway North, St. Paul, MN 55104). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

***I understand and agree to comply with all the statements listed above.***

\_\_\_\_\_  
User signature

\_\_\_\_\_  
Date

Preferred ServicePoint Login (username): \_\_\_\_\_

Contact Information

Work phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

\_\_\_\_\_  
Witness signature (MHP or WR)

\_\_\_\_\_  
Date

**WR**

User's access level (circle): Case Manager Agency Admin Other: \_\_\_\_\_  
(if multiple "providers" in agency)

User's home provider: \_\_\_\_\_

Other providers this user may enter data as: \_\_\_\_\_

## **EXHIBIT D**

### **Minnesota's HMIS Computer Security Guidelines**

Security for data maintained in Minnesota's HMIS depends on a secure computing environment. This document provides guidance on computer security for agencies that are directly accessing Minnesota's HMIS. Except for the last sentence of section C and section D, this guidance is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-01; see <http://www.hud.gov/offices/cpd/homeless/hmis/>). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS.

#### *A. Passwords*

Passwords shall be at least eight characters long and meet industry standard complexity requirements, including, but not limited to, the use of at least one of each of the following kinds of characters in the passwords: Upper and lower-case letters, and numbers and symbols. Passwords shall not be, or include, the username, the HMIS name, or the HMIS vendor's name. In addition, passwords should not consist entirely of any word found in the common dictionary or any of the above spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use. Written information specifically pertaining to user access (*e.g.*, username and password) shall not be stored or displayed in any publicly accessible location.

#### *B. Virus protection*

HMIS workstations shall be protected from viruses by commercially available virus protection software.

#### *C. Physical Access to Computers with Access to HMIS Data*

Computers that are used to collect HMIS data shall be staffed at all times when in public areas. When workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, shutting down the computer, and storing the computer and data in a locked room. Computers with secure and activated password-protected screensavers – for example as in Microsoft's XP operating system – also may be left unattended at the agency's discretion.<sup>2</sup>

#### *D. Browser Defaults*

Some browsers have the capacity to remember passwords, so that the user does not need to type in the password when returning to password-protected sites. This default should NOT be used with respect to Minnesota's HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system.

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<sup>2</sup> Note that some "password protected" screen savers, such as that included in the Windows 95 operating system, have well-known security loopholes, and should *not* be considered secure.

## **EXHIBIT E**

### **Minnesota's HMIS Data Sharing Requirement Waiver Request**

Minnesota's HMIS requires participating Agency's to provide clients with two forms: Minnesota's HMIS Data Privacy Notice & Consent to Enter Into HMIS and Minnesota's HMIS Release of Information, which enables HMIS to share client information. An Agency may request a waiver from providing the forms and sharing client information if the Agency demonstrates in writing:

- The clients served by the program have unique needs such that sharing client data could jeopardize the health or safety of the client. The Agency should submit an explanation describing the special needs; or
- There are other reasons, such as data sharing laws specific to the Agency, why strict confidentiality must be maintained for the Agency's clients.

Wilder will waive the data sharing requirements of HMIS on a case-by-case basis, and such decision will be made by Wilder staff.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Contact phone and email: \_\_\_\_\_

Waiver request for:

☐ Entire Agency (all programs) (*Data security = Closed*)

☐ Specific Program (identify program name) \_\_\_\_\_

Attach a one page statement indicating why the HMIS data sharing requirements should be waived for Agency. Return this form and your statement to the Wilder Foundation.

Signed: \_\_\_\_\_  
(Executive Director)

Date: \_\_\_\_\_